Consistent Outcomes With Canagliflozin in Patients With Type 2 Diabetes Across Geographic Regions: Results From the CANVAS Program

Carol Wysham,1,* Arpandev Bhattacharyya,1 Michael Tsoukas,2 Esperanza Martínez-Abundis,4 April Slee,5 Wayne Shaw,6 Kenneth W. Mahaffey,7 Dick de Zeeuw8

INTRODUCTION

Studying outcomes among large populations from different geographic regions is important to guide clinical practice and inform international guidelines. This study aimed to investigate the outcomes of Canagliflozin (CANA) and placebo (PBO) across different geographic regions.

METHODS

OBJECTIVE

To investigate the outcomes of CANA vs. PBO in participants from different geographic regions.

RESULTS

Participants

- CANA (n=3547), PBO (n=1783), from 78 countries across 7 continents.
- Participants were randomized to CANA or PBO and followed for a median of 3 years.

Effects on Intermediate Outcomes

- All-cause mortality: Hazard Ratio (HR) 0.67 (95% CI 0.52, 0.87), p=0.003
- Cardiovascular death: HR 0.67 (95% CI 0.47, 0.98), p=0.04
- Renal death: HR 0.67 (95% CI 0.47, 0.98), p=0.04

Effects on CV, Mortality, and Renal Outcomes

- CV death: HR 0.67 (95% CI 0.47, 0.98), p=0.04
- Heart failure: HR 0.57 (95% CI 0.47, 0.70), p<0.001
- Renal death: HR 0.67 (95% CI 0.47, 0.98), p=0.04

Safety

- Serious AEs: HR 0.67 (95% CI 0.47, 0.98), p=0.04
- Nonserious AEs: HR 0.67 (95% CI 0.47, 0.98), p=0.04

LIMITATIONS

- Heterogeneity was observed in the effects of CANA on body weight in participants from different regions of the world.
- CV medication use, n (%)
- RAAS inhibitor use 1909 (78.6) 808 (79.1) 2956 (81.9) 2443 (79.3) 0.005
- Statin 1890 (77.8) 688 (67.4) 2971 (82.3) 2051 (66.5) <0.001

SUMMARY

- CANA appears to provide consistent benefits in intermediate, CV, mortality, and renal outcomes in participants across different geographic regions.
- The safety of CANA was generally similar in participants from different geographic regions.

REFERENCES