# **ACP Northern California Chapter Annual Regional Scientific Meeting**



#### **Update in General Medicine**

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## Background



 Type 2 DM is the leading cause of kidney failure in the U.S.

• Standard approach to prevent DM nephropathy is with blockade of the renin-angiotensin-aldosterone system (i.e. with ACE-I or ARB)

#### **CREDENCE Trial**



"Canagliflozin and Renal Events in Diabetes with Established Nephropathy Clinical Evaluation" trial

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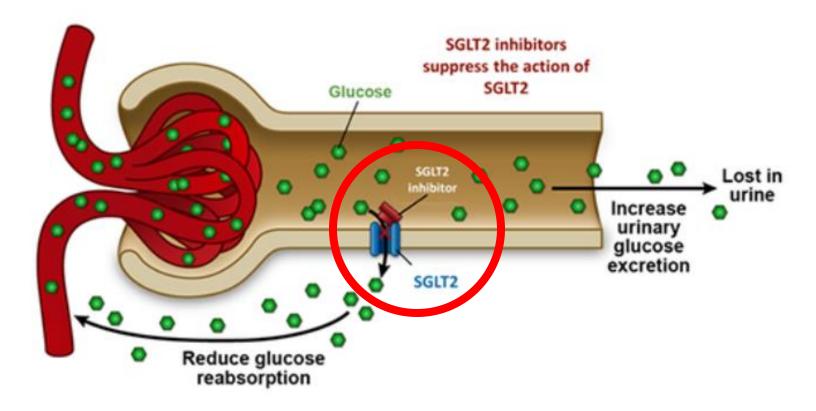
# Canagliflozin and Renal Outcomes in Type 2 Diabetes and Nephropathy

V. Perkovic, M.J. Jardine, B. Neal, S. Bompoint, H.J.L. Heerspink, D.M. Charytan, R. Edwards, R. Agarwal, G. Bakris, S. Bull, C.P. Cannon, G. Capuano, P.-L. Chu, D. de Zeeuw, T. Greene, A. Levin, C. Pollock, D.C. Wheeler, Y. Yavin, H. Zhang, B. Zinman, G. Meininger, B.M. Brenner, and K.W. Mahaffey, for the CREDENCE Trial Investigators\*

#### Background



#### SGLT2 Inhibitors



Wright EM, et al. Physiol Rev. 2011;91:733-794.

#### **SGLT2** Inhibitors



- Currently 4 SGLT2 inhibitors are approved in the US:
  - –Canagliflozin (Invokana)
  - –Dapagliflozin (Farxiga)
  - –Empagliflozin (Jardiance)
  - –Ertugliflozin (Steglatro)





 In CV trials of SGLT2 inhibitors, results have suggested that these drugs may improve renal outcomes in patients with type 2 DM

#### Clinical Question



- Population patients with type 2 diabetes AND albuminuric CKD AND treated with renin-angiotensin system blockade
- Intervention canagliflozin 100mg daily
- Comparison placebo
- Outcomes
  - ESRD
  - Doubling of the serum creatinine level
  - Death from renal or CV causes

# **Trial Participants**



#### Inclusion Criteria

- Men and women at least 30 years of age
- Diagnosis of type 2 diabetes with an HbA1c of 6.5% to 12.0%
- Diagnosis of CKD (eGFR of 30 to <90 ml) and albuminuria (urinary albumin-to-creatinine ratio >300 to 5000)
- Treatment with a stable dose of ACE-I OR ARB for at least 4 weeks

#### Exclusion Criteria

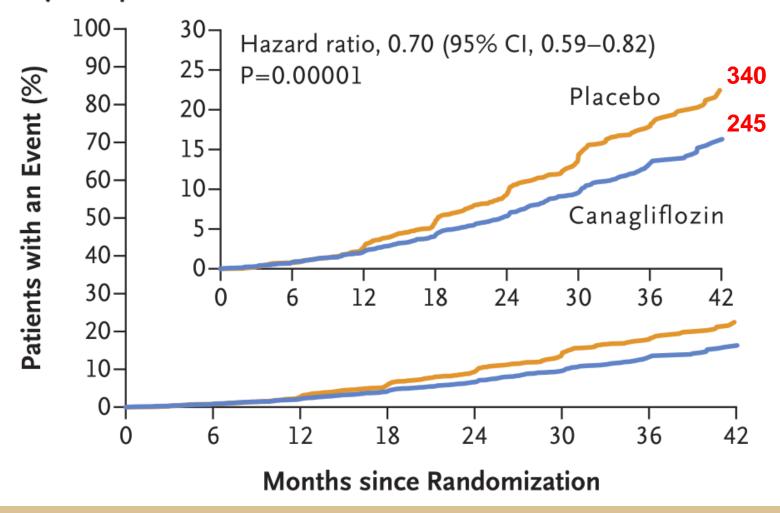
- Suspected non-diabetic kidney disease or type 1 diabetes
- Treatment with immunosuppression for kidney disease
- History of dialysis or kidney transplantation
- Dual-agent treatment with ACE-I and ARB, a direct renin inhibitor, or a mineralocorticoid-receptor antagonist



Characteristic	Canagliflozin (N=2202)	Placebo (N=2199)
Age – yr	62.9 ± 9.2	63.2 ± 9.2
Female sex – no. (%)	762 (34.6)	732 (33.3)
Glycated hemoglobin - %	8.3 ± 1.3	8.3 ± 1.3
Estimated GFR – ml/min/1.73 m2	56.3 ± 18.2	56.0 ± 18.3
Median urinary albumin to creatinine ratio	923 (459-1794)	931 (473-1868)

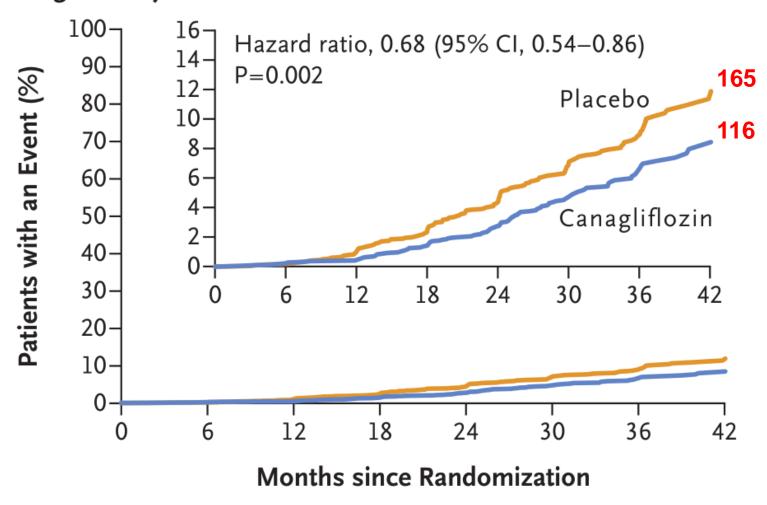


#### **A** Primary Composite Outcome





#### C End-Stage Kidney Disease



Secondary Outcomes	Canagliflozin	Placebo	HR	P Value
Hospitalization for heart failure	89/2202	141/2199	0.61 (0.47-0.80)	<0.001
CV death, MI, stroke	217/2202	269/2199	0.80 (0.67-0.95)	0.01



- Rates of lower limb amputations and fractures were similar in the two groups
- Rates of DKA were low, but higher in the canagliflozin group than in the placebo group

	n/N		Event rate per 1000 patient-years		
	Canagliflozin	Placebo	Canagliflozin	Placebo	HR (95% CI)
Diabetic Ketoacidosis	11/2200	1/2197	2.2	0.2	10.80 (1.39-83.65)

# **Study Limitations**



- Stopped early
- Excluded patients with advanced CKD (eGFR < 30)</li>
- Excluded patients with nonalbuminuric or microalbuminuric kidney disease



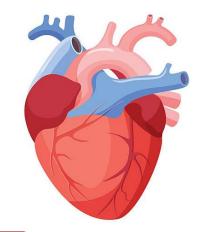
Patient with type 2 DM and A1c not at goal

Metformin and comprehensive lifestyle change?

CKD (but eGFR > 45) and urine albumin/Cr > 300?

**ACE-I or ARB?** 

Consider starting canagliflozin 100mg once daily





FDA Approves Invokana (canagliflozin) to Treat Diabetic Kidney Disease (DKD) and Reduce the Risk of Hospitalization for Heart Failure in Patients with Type 2 Diabetes and DKD







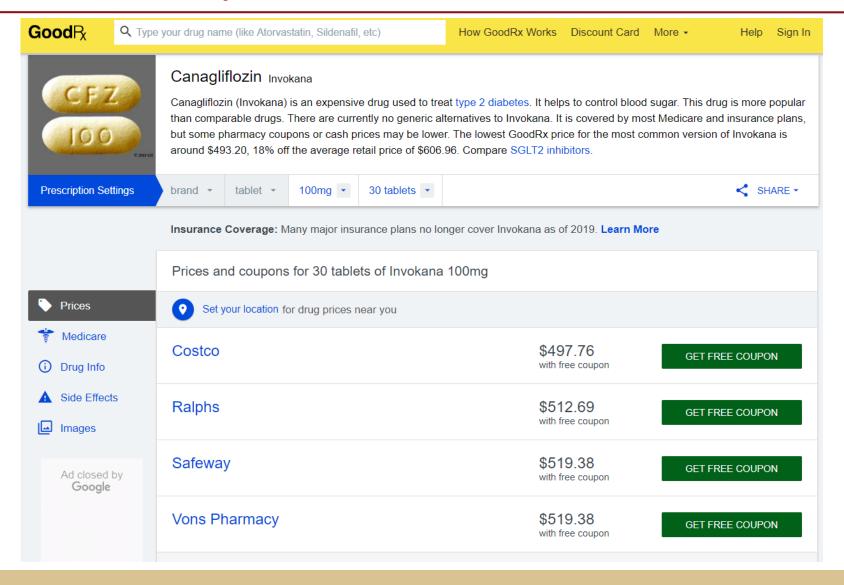


RARITAN, N.J., Sept. 30, 2019 /PRNewswire/ -- The Janssen Pharmaceutical Companies of Johnson & Johnson announced today that the U.S. Food and Drug Administration (FDA) approved a new indication for Invokana (canagliflozin) to reduce the risk of end-stage kidney disease (ESKD), worsening of kidney



- Side effects:
  - –Hypotension
  - -Increased urination
  - Increased rate of genitourinary infections







# Thank you!

#### References



- Perkovic V, Jardine MJ, Neal B, et al. Canagliflozin and renal outcomes in type 2 diabetes and nephropathy. N Engl J Med 2019;380:2295-2306.
- Ingelfinger J, Rosen C. Clinical Credence SGLT2 inhibitors, diabetes, and chronic kidney disease. N Engl J Med 2019;380:2371-2373.
- U.S. Food and Drug Administration, FDA Approved Drug Products https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=overview.process&ApplNo=204042 (accessed 10/10/2019)