# Table 1. Relevance of studies for patients with type 2 diabetes and established cardiovascular disease

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Study** | **Class of drug** | **Drug** | **Power (n of patients with primary endpoint)** | **Established cardiovascular disease** | **Concomitant cardiovascular medication** | **Relevant exclusion criteria** | **Relevance of study** |
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| EMPA-REG OUTCOME | SGLT2 inhibitor | Empagliflozin | adequate (772) | 99% | vast majority | recent ACS, GFR < 30 ml/min, medical history of cancer | **highly relevant for stable CVD** |
| CANVAS Program | Canagliflozin | strong (1011) | 66% | majority | recent ACS, NYHA IV,GFR < 30 ml/min,  medical history of cancer | **highly relevant for stable CVD** |
| LEADER | GLP-1 receptor agonist | Liraglutide | strong (1302) | 81% | majority | recent ACS, NYHA IV, malignant neoplasm | **highly relevant for stable CVD** |
| SUSTAIN-6 | Semaglutide | moderate (254) | 59% | majority | recent ACS, NYHA IV, malignant neoplasm, pancreatitis | **relevant for stable CVD** |
| EXSCEL | Exenatide | strong (1744) | 73% | majority | GFR < 30 ml/min, personal or family history of medullary thyroid cancer, history of pancreatitis | **highly relevant for stable CVD** |
| ELIXA | Lixisenatide | adequate (805) | 100% (ACS) | vast majority | eGFR < 30 ml/min, pancreatitis, gastrointestinal disease, personal or family history of medullary thyroid cancer | **highly relevant for ACS** |
| PROACTIVE | thiazolidinedione | Pioglizatone | strong (1086) | 100% | majority | recent ACS, symptomatic heart failure, ketoacidosis | **highly relevant for stable CVD** |
| SAVOR-TIMI 53 | dipeptidyl peptidase 4 inhibitor | Saxagliptin | strong (1222) | 79% | majority | recent ACS | **highly relevant for stable CVD** |
| EXAMINE | Alogliptin | adequate (621) | 100% (ACS within the previous 15-90 days) | vast majority | recent ACS, NYHA IV | **highly relevant for ACS** |
| TECOS | Sitagliptin | strong (1690) | 74% | majority | eGFR < 30 ml/min, ketoacidosis | **highly relevant for stable CVD** |
| UKPDS 34 | biguanide | Metformin | Moderate (139 during follow-up of > 10 years) | NR | limited use | > 65 years of age | **limited relevance for CVD** |
| STOP-NIDDM | alpha-glucosidase inhibitor | Acarbose (compared to sulfonylurea) | hypothesis generating study (47) | < 5% | limited use | any cardiovascular event within the last 6 months | **limited relevance for CVD** |

NR not reported, NA not applicable, CVD cardiovascular disease, ACS acute coronary syndrome