

# Efficacy of empagliflozin in patients with heart failure according to baseline KDIGO risk categories

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## Findings from the EMPEROR-Pooled

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on behalf of the EMPEROR Trial Committees & Investigators

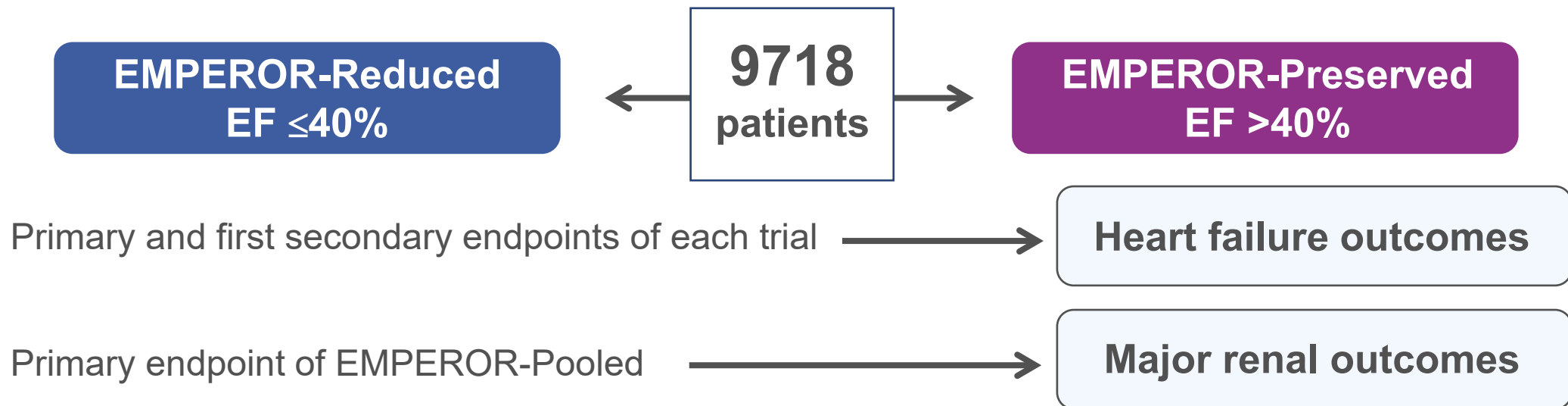
Baylor Scott & White Health, Dallas TX, USA

*Disclosures for presenter: Consultant to Abbott, Adrenomed, American Regent, Amgen, AstraZeneca, Bayer, Boehringer Ingelheim, Bristol Myers Squibb, CVRx, Edwards Lifesciences, Faraday, G3 Pharmaceuticals, Impulse Dynamics, Innolife, Janssen, LivaNova, Medtronic, Merck, Novartis, Novo Nordisk, Pfizer, Sequanna, Roche, Vifor*

*The EMPEROR trials were funded by the Boehringer Ingelheim & Eli Lilly and Company Diabetes Alliance*

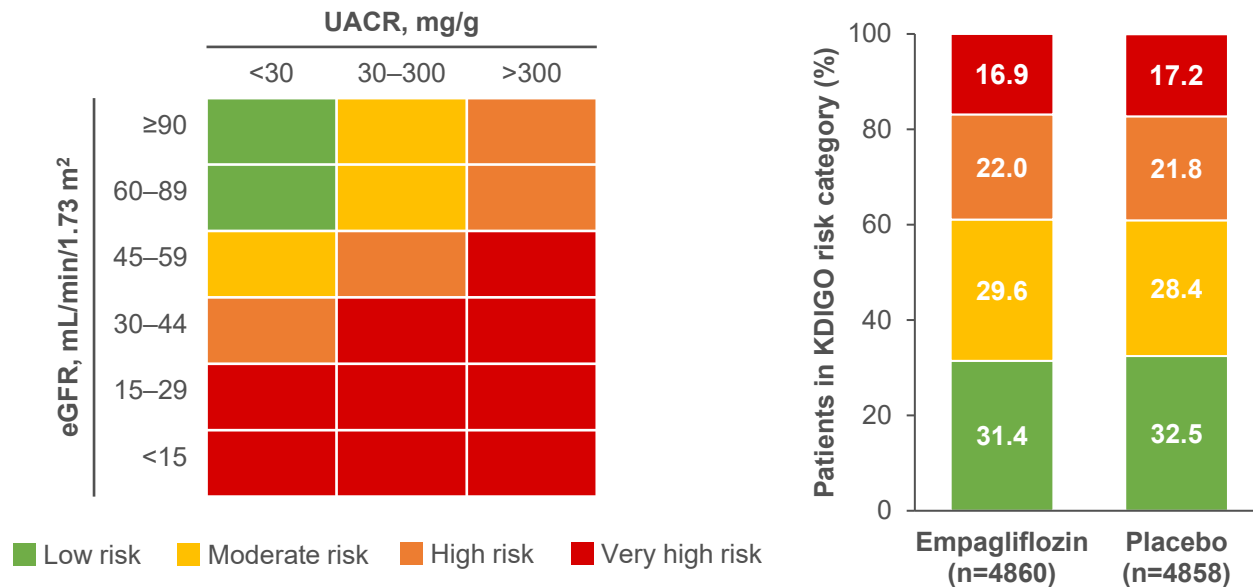
# EMPEROR-Pooled: Background and design

- EMPEROR-Reduced and EMPEROR-Preserved were sister trials, with very similar protocols, case report forms, investigators, endpoints, statistical plans and administrative structures, which were carried out in a similar time period — separated by an ejection fraction of 40%
- EMPEROR-Pooled was a prospectively designed, individual patient-level pooled analysis of the data from the two trials, which had its own statistical plan that was finalized before the first patient was enrolled in either trial



# Objectives of this analysis

- Explore the effect of empagliflozin on CV and kidney endpoints in patients across KDIGO (Kidney Disease Improving Global Outcomes) risk categories in EMPEROR-Pooled
- Distribution of patients across KDIGO risk categories:



- 3730 patients with LVEF ≤40% (EMPEROR-Reduced)
- 5988 patients with LVEF >40% (EMPEROR-Preserved)

# Baseline characteristics by KDIGO subgroups 1/2

	Low risk (n=3105)	Moderate risk (n=2822)	High risk (n=2131)	Very high risk (n=1656)	P value for trend
<b>Age, y</b>	66.7 (10.7)	70.1 (10.0)	72.3 (9.6)	72.9 (9.6)	<0.001
<b>Female, n (%)</b>	1052 (33.9)	1052 (37.3)	833 (39.1)	632 (38.2)	<0.001
<b>Race, n (%)</b>					0.490
Asian	492 (15.8)	457 (16.2)	308 (14.5)	239 (14.4)	
Black or African-American	171 (5.5)	150 (5.3)	96 (4.5)	97 (5.9)	
White	2261 (72.8)	2067 (73.2)	1621 (76.1)	1219 (73.6)	
Other including mixed race	164 (5.3)	130 (4.6)	91 (4.3)	91 (5.5)	
Missing	17 (0.5)	18 (0.6)	15 (0.7)	10 (0.6)	
<b>KCCQ-CSS</b>	74.0 (20.2)	71.2 (21.1)	68.1 (21.8)	66.1 (22.7)	<0.001
<b>HHF within 1 year, n (%)</b>	733 (23.6)	696 (24.7)	608 (28.5)	483 (29.2)	<0.001
<b>Body weight, kg</b>	80.5 (18.9)	80.4 (19.4)	80.7 (18.6)	81.3 (19.9)	0.213
<b>EF at screening, %</b>	43.5 (14.9)	44.3 (15.3)	43.8 (15.4)	44.8 (15.5)	0.027
<b>NYHA Class II, n (%)</b>	2616 (84.3)	2256 (79.9)	1620 (76.0)	1188 (71.7)	<0.001
<b>SBP, mmHg</b>	126.8 (15.5)	127.7 (16.3)	128.2 (16.4)	130.8 (17.7)	<0.001
<b>Heart rate, bpm</b>	70.1 (11.4)	71.0 (11.9)	71.1 (12.1)	70.8 (12.0)	0.008

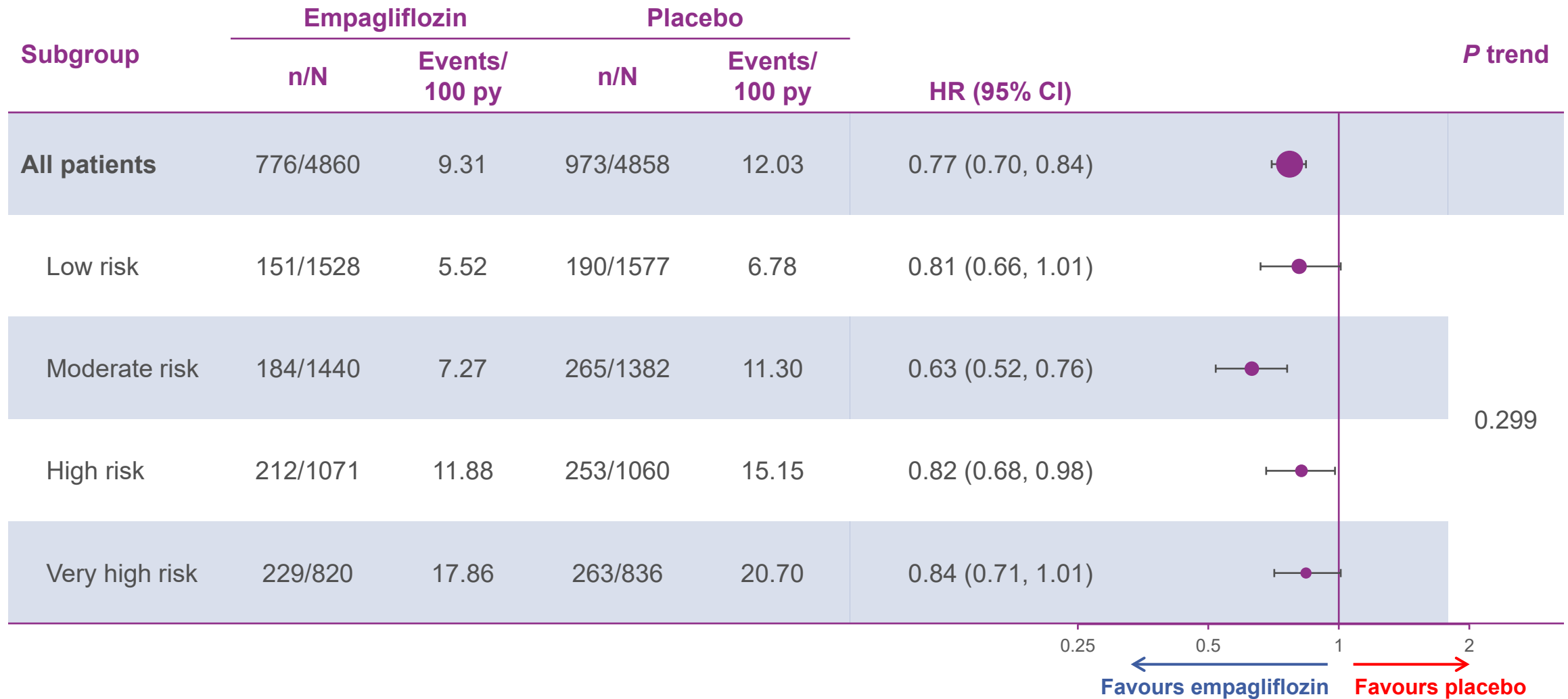
Data are mean (SD) or number (%). Race was self-reported. bpm, beats per minute; HHF, hospitalization for heart failure; KCCQ-CSS, Kansas City Cardiomyopathy Questionnaire clinical summary score; NYHA, New York Heart Association; SBP, systolic blood pressure

# Baseline characteristics by KDIGO subgroups 2/2

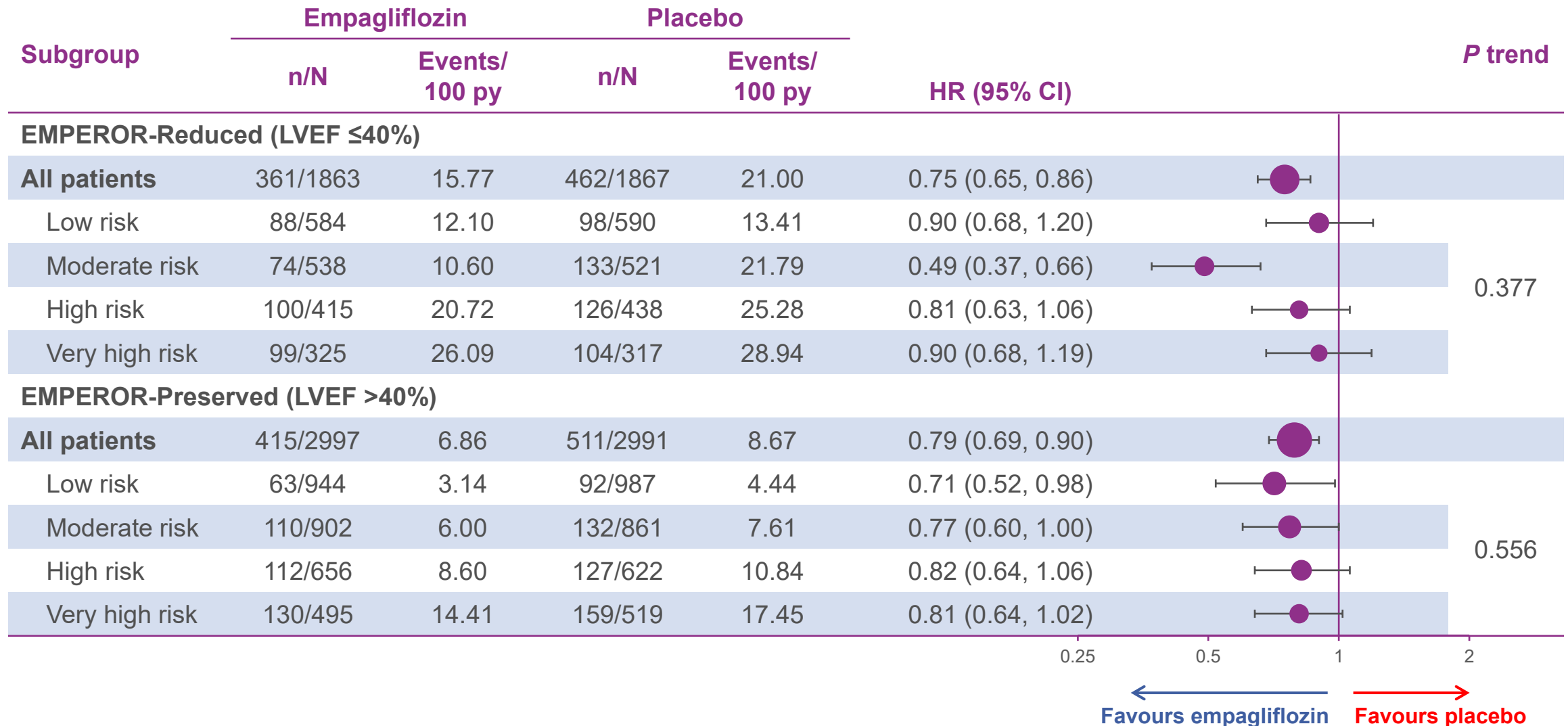
	Low risk (n=3105)	Moderate risk (n=2822)	High risk (n=2131)	Very high risk (n=1656)	P value for trend
Hypertension, n (%)	2416 (77.8)	2359 (83.6)	1844 (86.5)	1500 (90.6)	<0.001
Diabetes mellitus, n (%)	1269 (40.9)	1343 (47.6)	1132 (53.1)	1046 (63.2)	<0.001
Atrial fibrillation, n (%)	1172 (37.7)	1343 (47.6)	1114 (52.3)	797 (48.1)	<0.001
Ischaemic aetiology, n (%)	1307 (42.1)	1111 (39.4)	888 (41.7)	738 (44.6)	0.193
ACEi, ARB, ARNI, n (%)	2665 (85.8)	2395 (84.9)	1775 (83.3)	1287 (77.7)	<0.001
Diuretic, n (%)	2677 (86.2)	2525 (89.5)	1959 (91.9)	1543 (93.2)	<0.001
Beta-blocker, n (%)	2781 (89.6)	2528 (89.6)	1910 (89.6)	1478 (89.3)	0.823
MRA, n (%)	1629 (52.5)	1464 (51.9)	1104 (51.8)	706 (42.6)	<0.001
Statin, n (%)	2083 (67.1)	1918 (68.0)	1490 (69.9)	1191 (71.9)	<0.001
Uric acid, mg/dL	6.2 (1.7)	6.6 (1.9)	7.2 (2.1)	7.7 (2.2)	<0.001
Haematocrit, %	42.3 (4.3)	41.7 (4.8)	41.0 (5.1)	39.6 (5.3)	<0.001
Haemoglobin, g/dL	13.8 (1.4)	13.6 (1.6)	13.3 (1.7)	12.8 (1.7)	<0.001
eGFR, ml/min/1.73 m <sup>2</sup>	77.9 (12.9)	65.3 (15.9)	51.0 (15.8)	35.8 (9.2)	<0.001
NT-proBNP, pg/mL	927 (513–1613)	1253 (642–2113)	1577 (824–2814)	1992 (1043–3926)	<0.001

Data are mean (SD) or number (%) except NT-proBNP, which is median (IQR). ACEi, angiotensin-converting enzyme inhibitor; ARB, angiotensin receptor blocker; ARNI, angiotensin receptor–neprilysin inhibitor; IQR, interquartile range; MRA, mineralocorticoid receptor antagonist; NT-proBNP, N-terminal prohormone of brain natriuretic peptide

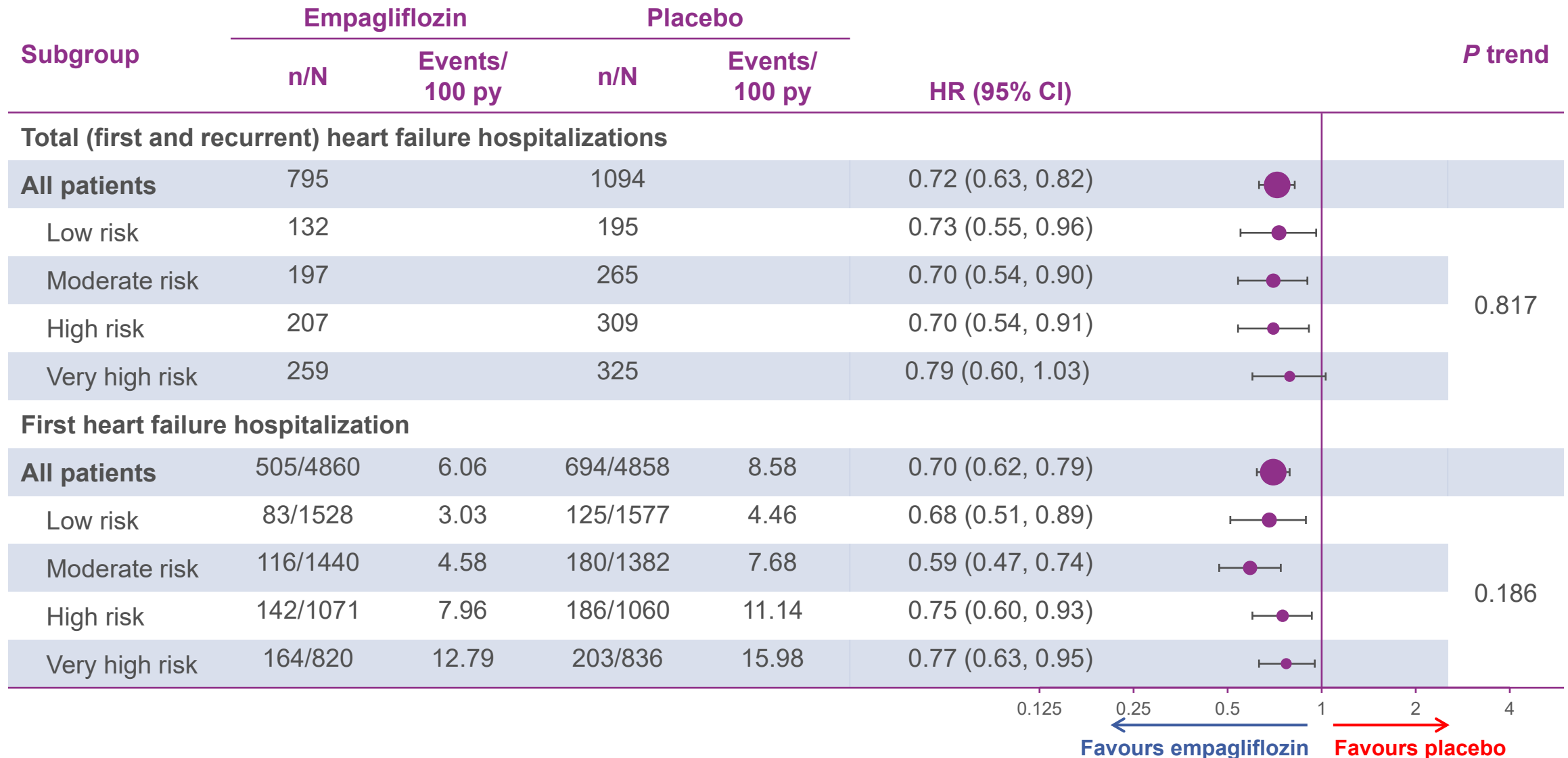
# Effect of empagliflozin vs placebo: CV death or HHF (primary outcome) by KDIGO subgroups



# Effect of empagliflozin vs placebo in patients with LVEF ≤40% or >40%: CV death or HHF (primary outcome) by KDIGO subgroups

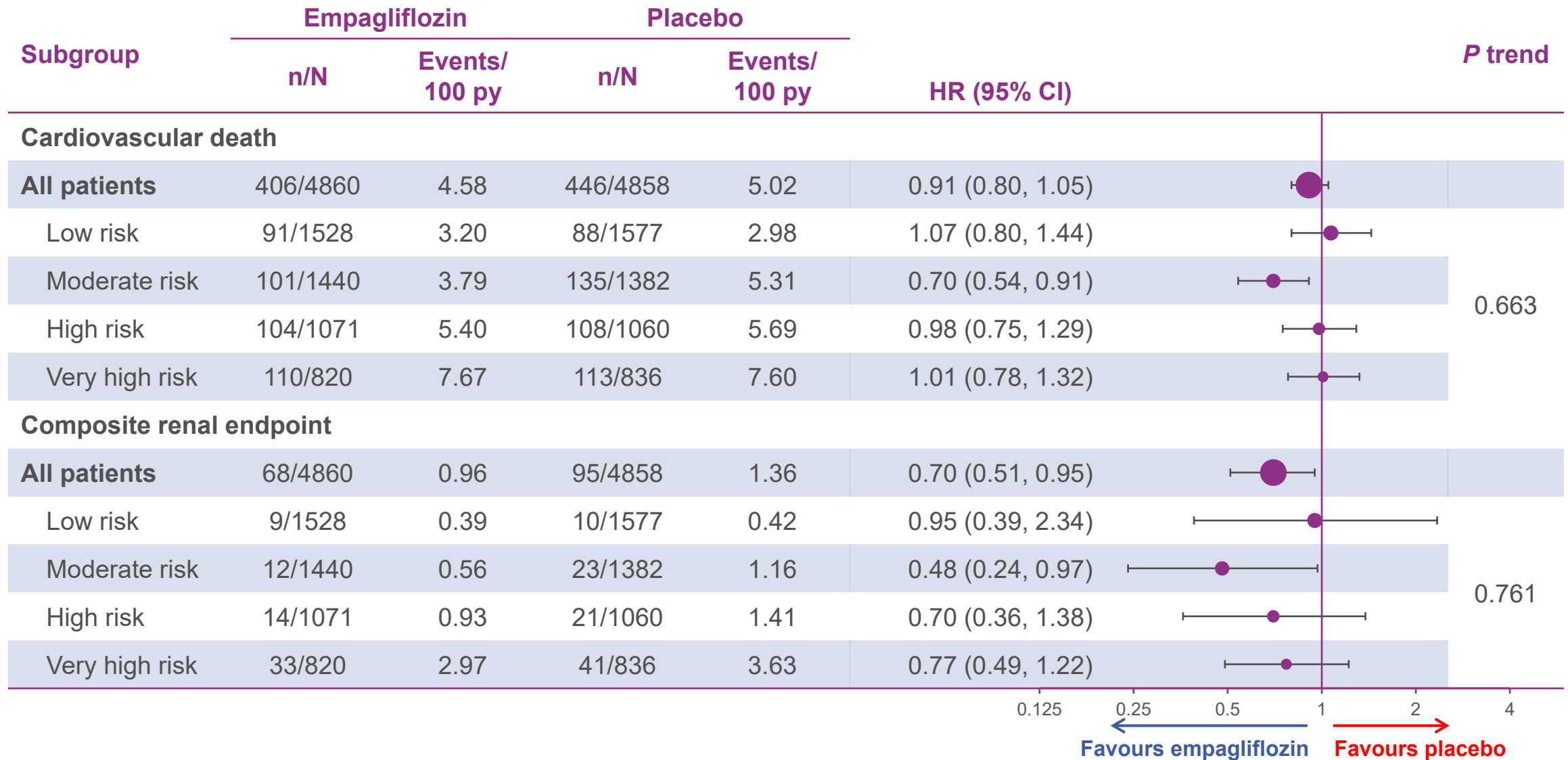


# Effect of empagliflozin vs placebo: Total HHF and first HHF (secondary outcomes) by KDIGO subgroups

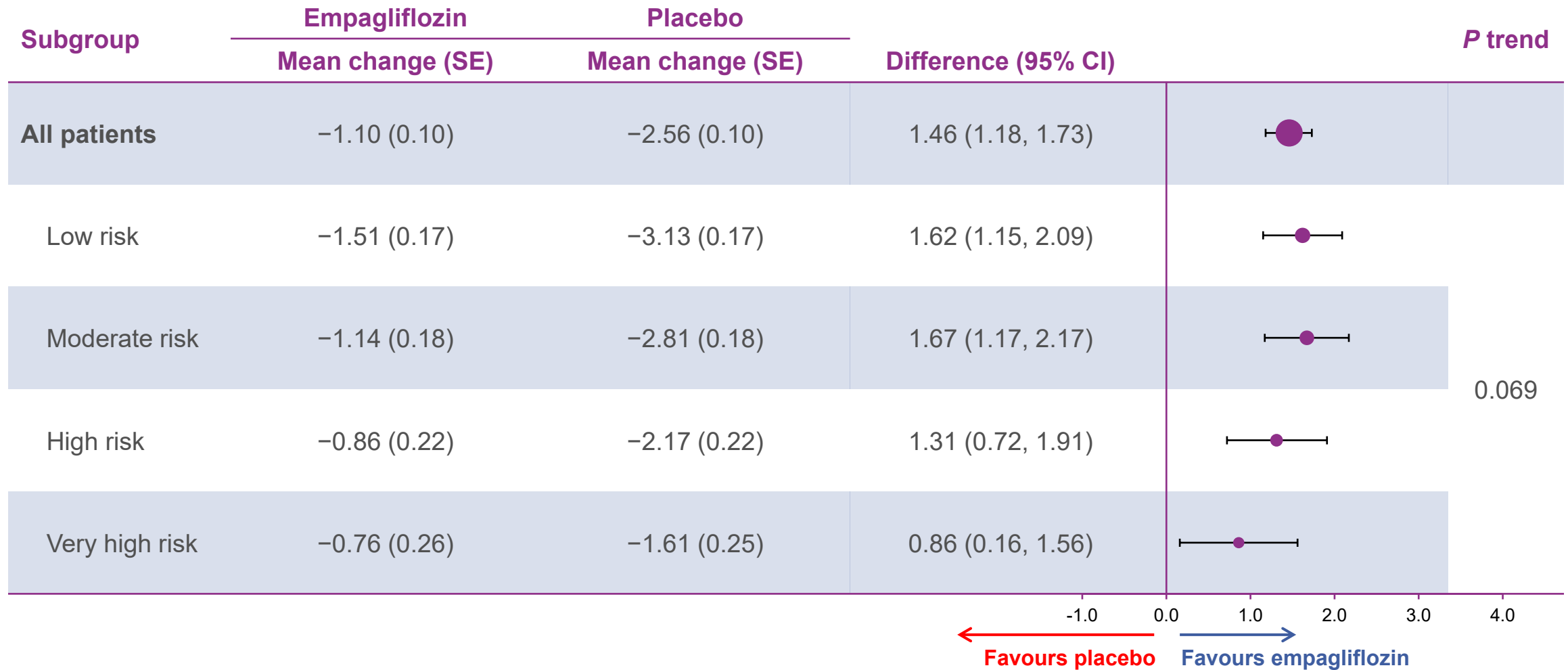




# Effect of empagliflozin vs placebo: CV death and composite renal endpoint (secondary outcomes) by KDIGO subgroups

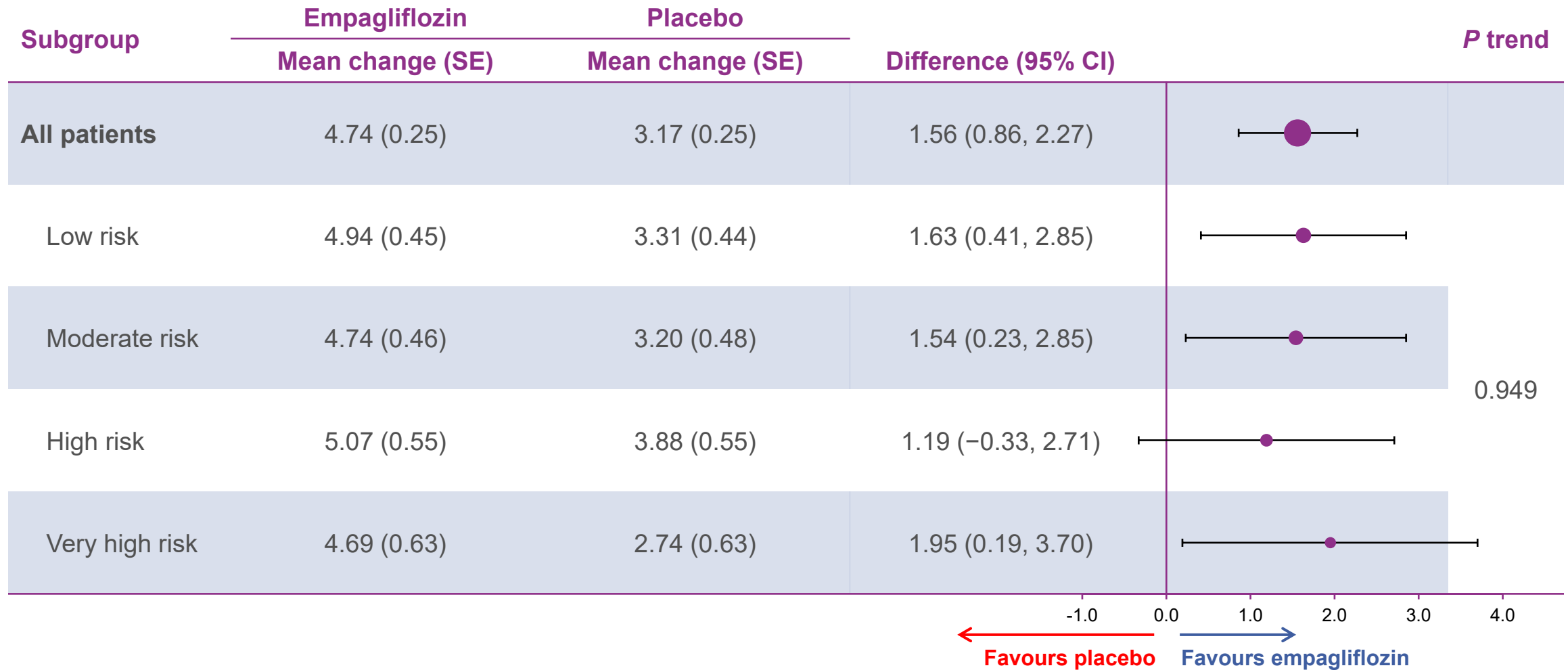


# Effect of empagliflozin vs placebo: eGFR slope change per year (secondary outcome) by KDIGO subgroups

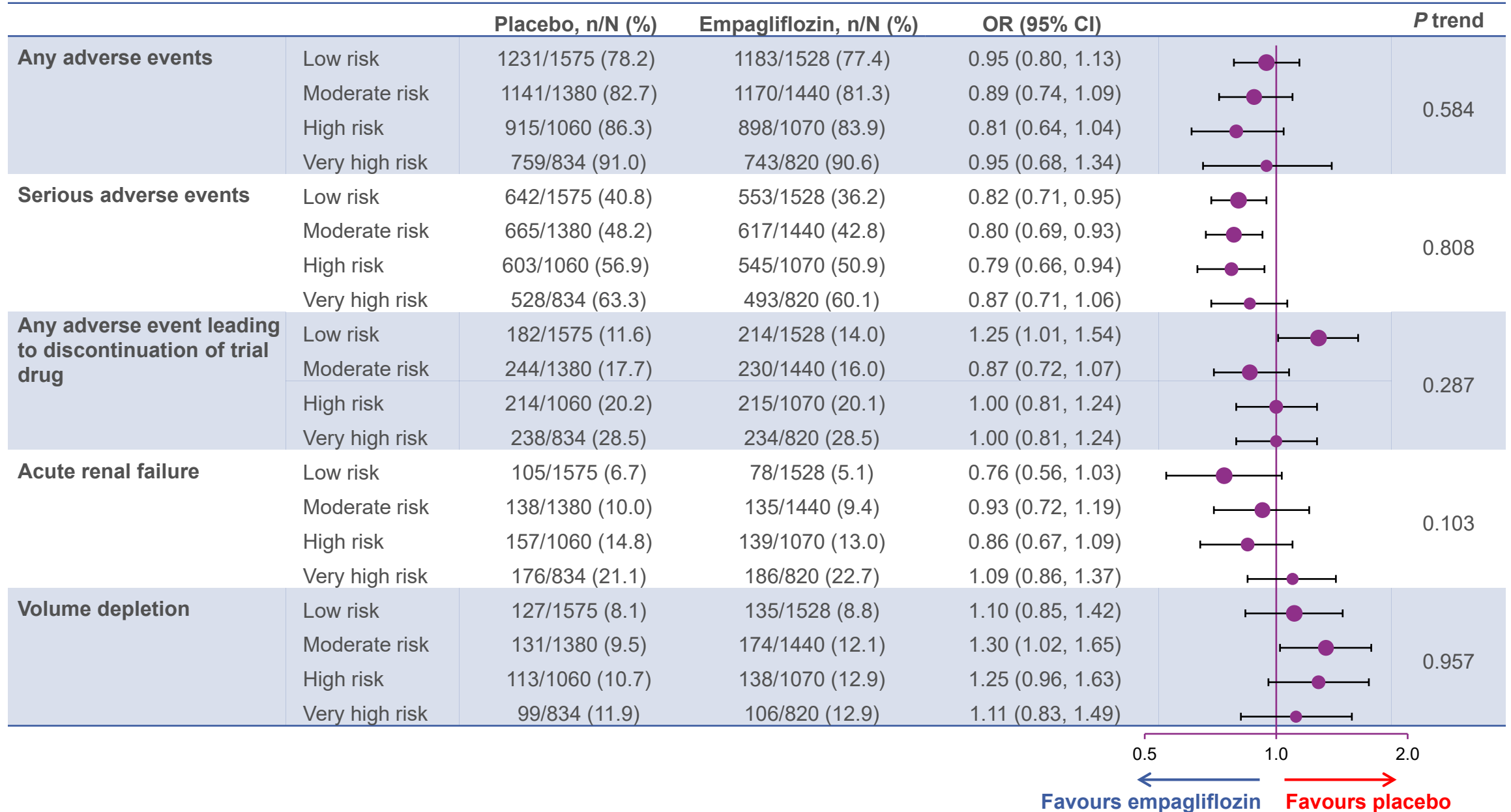


SE, standard error

# Effect of empagliflozin vs placebo: KCCQ-CSS change from baseline at Week 52 (secondary outcome) by KDIGO subgroups



# Safety of empagliflozin vs placebo by KDIGO subgroups



# Conclusions

- Empagliflozin reduced the risk for CV death or HF hospitalization and slowed the rate of eGFR decline similarly in all KDIGO CKD risk categories
- Empagliflozin also improved health status and was associated with acceptable safety outcomes across the KDIGO risk categories
- The safety of empagliflozin was comparable across all KDIGO risk categories
- These data outline the important benefits of empagliflozin across a broad range of kidney functions as assessed by KDIGO CKD risk categories in patients with HF, including those with severe kidney function impairment down to an eGFR of 20 mL/min/1.73 m<sup>2</sup> and irrespective of albuminuria