DAPA-HF
SGLT2i in non-Diabetics
Discussion

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DAPA-HF: Outcomes

- Meaningful outcomes were improved
  - CV **death** + HF **hospitalization** + urgent HF visit: ARR 5%
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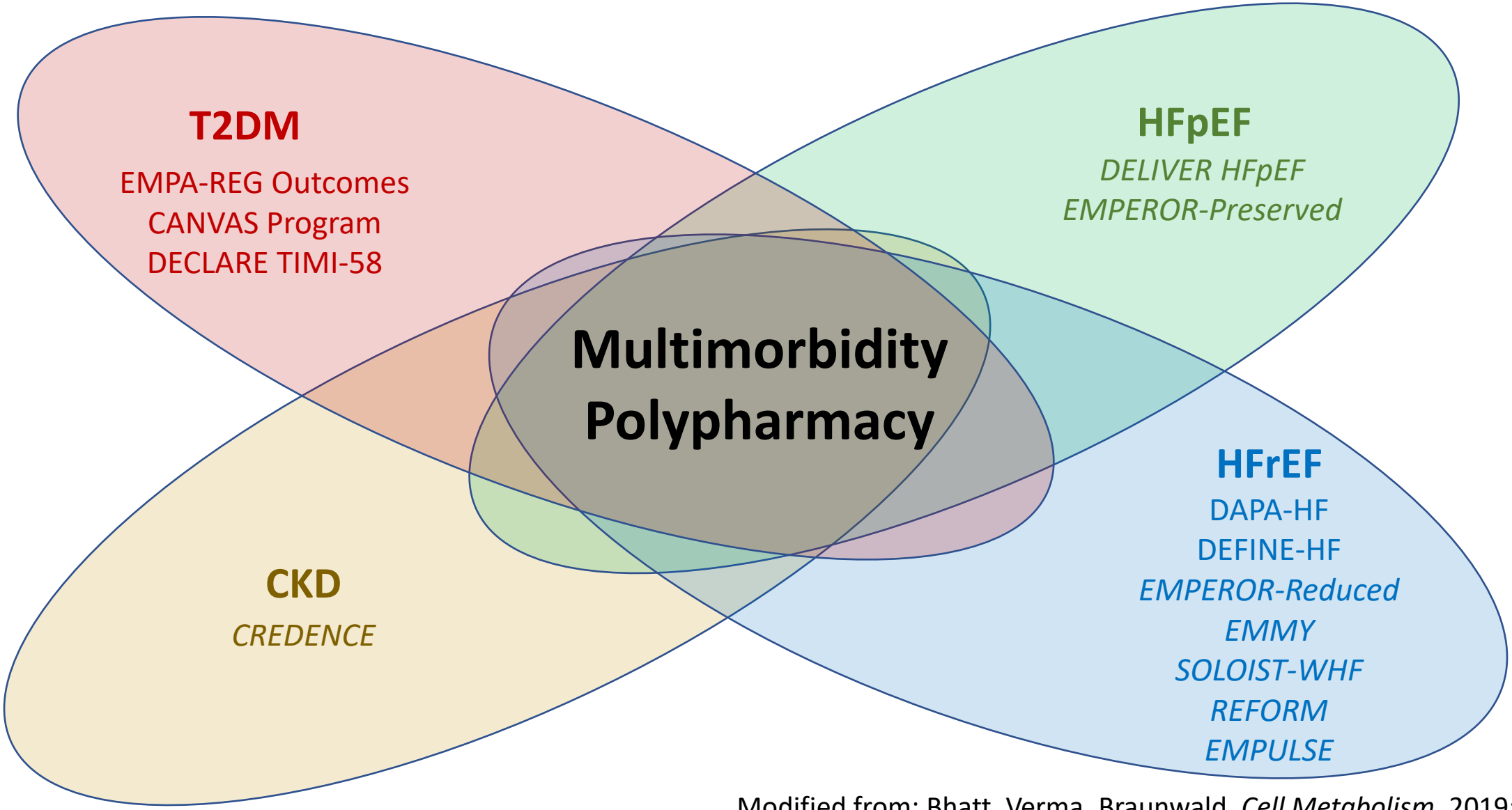
  - … but **sacubitril**/valsartan in **only 11%**
- No signal of side effects and rare adverse events
  - …minus **cost $$$**

SGLT2i indications?



Modified from: Bhatt, Verma, Braunwald. *Cell Metabolism*. 2019;30:847-849.

How does SGLT2i compare?

PARADIGM

- **Sacubitril** added to GDMT
- All-cause **death: 20.0 → 17.3%**
  - **ARR = 2.7%**
- **27-month** follow up
- Well-tolerated (after run-in)
- PO BID

DAPA-HF

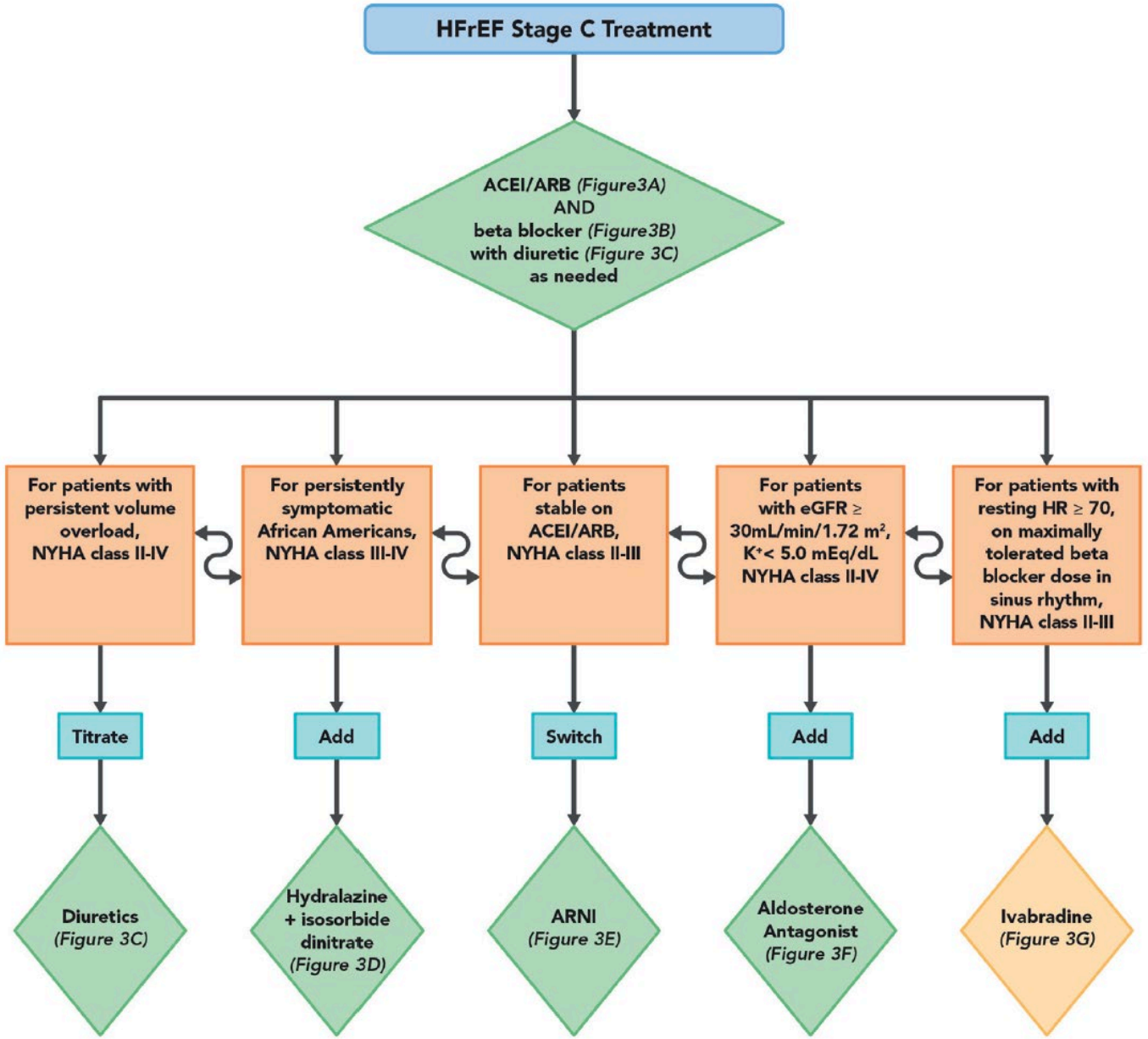
- **Dapagliflozin** added to GDMT
- All-cause **death: 13.9 → 11.6%**
  - **ARR = 2.3%**
- **18-month** follow up
- Well-tolerated
- PO Daily

We don't use much of either!!

Dissemination and Implementation

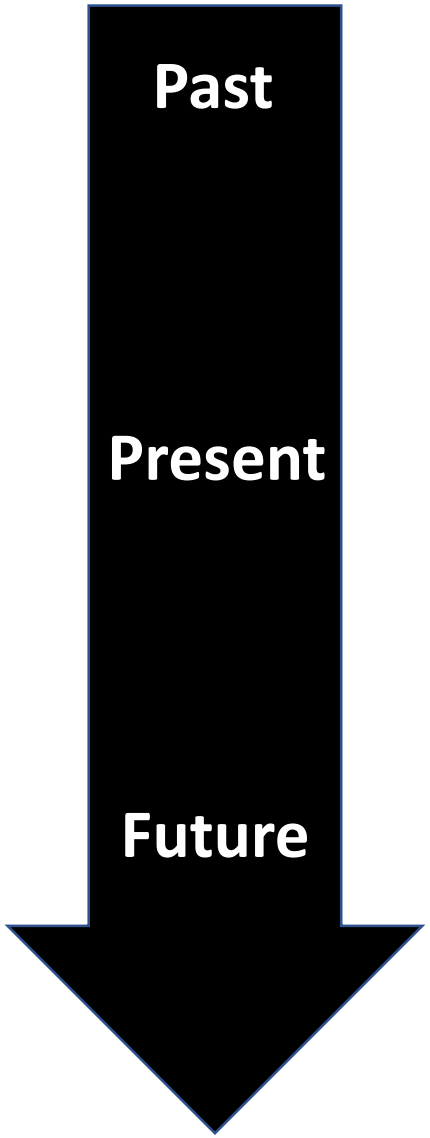
Yet another GDMT drug…

1. GDMT sequencing
2. Polypharmacy
3. Value versus financial toxicity
4. DM + HF + CAD: SLGT2i or GLP-1?



Yancy, Januzzi, Allen, at al. 2017 Pathways for Optimization of Heart Failure Treatment. JACC. 2018; 201.

Conclusions



1. **T2DM + risk of HF or HF**: strongly consider SGLT2i
   - <5% of these patients are now on SLGT2i
2. **HFrEF**: consider SGLT2i (irrespective of DM)
   - **Sequencing**: add early? - strong outcomes data, limited side effects
   - **Align incentives**
     - encourage **clinicians optimize GDMT**
     - help **patients avoid financial toxicity**
3. **HFpEF**: Dearth of therapy, SGLT2i promising
   - High-quality trials coming!