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Effects of once-weekly exenatide on clinical outcomes in the subgroup of patients with pre-existing cardiovascular disease: Insights from EXSCEL

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Methods:

We evaluated outcomes by treatment group in the EXSCEL trial for the 10 782 participants (73% of the trial population) with known cardiovascular (CV) disease (i.e. history of major clinical manifestation of coronary artery disease, ischemic cerebrovascular disease or atherosclerotic peripheral arterial disease). Cox proportional hazards were used to compare the impact of once-weekly exenatide with placebo therapy on MACE, all-cause death, CV-related death, myocardial infarction, stroke, hospitalisation for acute coronary syndrome (hACS) and hospitalisation for heart failure.

Results:

Patients in the exenatide group demonstrated a 10% relative risk reduction for MACE (hazard ratio (HR), 0.90 [95% confidence interval, 0.816–0.999; nominal p-value, 0.047]). Each of the secondary endpoints favoured exenatide, compared with placebo, with the exception of hACS (HR, 1.03), but none met the nominal level of statistical significance (all nominal P>0.05).

Conclusion:

Exenatide once-weekly reduced the risk of MACE in a subgroup of patients with preexisting CV disease in EXSCEL with no new or overall safety concerns.