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## **2 year metabolic outcomes in the ABCD nationwide canagliflozin audit**

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### **Abstract:**

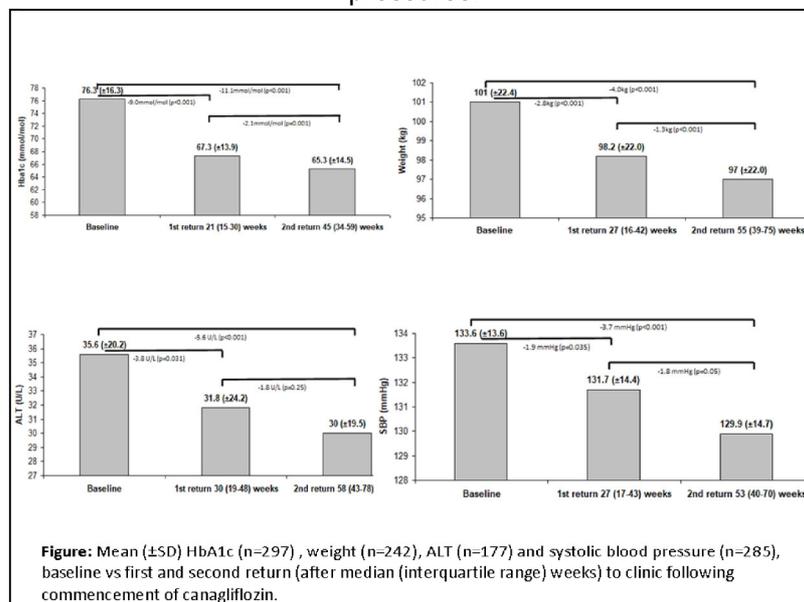
**Background and aims:** The ABCD nationwide canagliflozin audit was launched in January 2016 to evaluate the efficacy of canagliflozin in a real world setting of clinical use in the United Kingdom (UK).

**Materials and methods:** Two year follow up data from 21 centres across the UK on 690 patients treated with canagliflozin. Male 60.2%, mean age ( $\pm$ SD) 58.9  $\pm$  10.9 years, weight 101.3  $\pm$ 22.2 kg, BMI 34.0  $\pm$ 6.9, Hba1c 76.3  $\pm$ 16.3 mmol/mol. Patients with baseline, first return and second return follow up data were included in the analysis.

**Results:** Mean Hba1c fell by 9.0 $\pm$ 13.4 mmol/mol at first return and 11.1 $\pm$ 14.7 mmol/mol at second return (n=297, p<0.001) with 2.1mmol/mol fall between first and second return (p=0.001). Mean weight fell by 2.8 $\pm$ 4kg at first return and 4.0 $\pm$ 5.4kg at second return (n=242, p<0.001) with 1.3kg fall between first and second return (p<0.001). Mean alanine aminotransferase (ALT) fell by 3.8 $\pm$ 23.2 U/L at first return (p<0.031) and 5.6 $\pm$ 18U/L at second return (n=177, p<0.001) with 1.8U/L fall between first and second return (p=0.25). Mean systolic blood pressure (SBP) fell by 1.9 $\pm$ 15.4mmHg at first return (p=0.035) and 3.7 $\pm$ 16.2mmHg at second return (n=285, p<0.001) with 1.8mmHg fall between first and second return (p=0.05). Mean diastolic blood pressure (DBP) fell by 1.0 $\pm$ 10.1mmHg at first return (p=0.086) and 2.6 $\pm$ 11.1mmHg at second return (n=284, p<0.001) with 1.5mmHg fall

between first and second return ( $p=0.006$ ). Median range of weeks for follow up for first and second returns (IQR) were 21 (15-30) and 44.9 (34.3-58.9) for HbA1c, 26.8 (15.5-41.6) and 54.6 (38.6-75) for weight, 30 (19-48.3) and 57.6 (42.7-77.5) for ALT, 27.3 (17.4-42.7) and 53.1 (40.4-70.3) for SBP, 27.2 (17.3-42.8) and 50 (40.3-71) for DBP.

**Conclusion:** Canagliflozin showed statistically significant and sustained reduction in Hba1c, weight, ALT, systolic and diastolic blood pressure across a wide range of real-world UK patients with type 2 diabetes. Further benefit was seen between first and second returns with statistically significant reductions in Hba1c, weight, systolic and diastolic blood pressures.



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