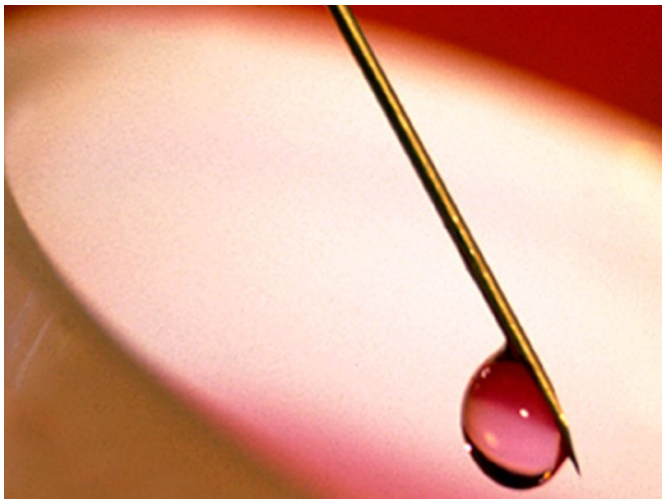
Canagliflozin delays increase in certain CV biomarkers in T2DM

2 August 2017



(HealthDay)—For patients with type 2 diabetes mellitus (T2DM), treatment with canagliflozin delays the increase in serum N-terminal pro-B type natriuretic peptide (NT-proBNP) and high-sensitivity troponin I (hsTnI) compared with placebo, according to a study published in the Aug. 8 issue of the *Journal of the American College of Cardiology*.

James L. Januzzi Jr., M.D., from Massachusetts General Hospital in Boston, and colleagues randomized 666 older T2DM patients to receive canagliflozin 100 or 300 mg or placebo. From baseline to 26, 52, and 104 weeks, the authors assessed the median percent change in serum NT-proBNP, hsTnI, soluble (s)ST2, and galectin-3.

The researchers observed increases in serum NT-proBNP and serum hsTnI levels in placebo recipients, but these levels remained largely unchanged in canagliflozin recipients. At weeks 26, 52, and 104, the Hodges-Lehmann estimates of the difference in median percent change between pooled canagliflozin and placebo were ?15.0, ?16.1, and ?26.8 percent, respectively, for NT-proBNP, and ?8.3, ?11.9, and ?10.0 percent, respectively, for hsTnI (all P placebo, with significant differences at 26 and 52, but not at 104, weeks.

"These cardiac biomarker data provide support for the beneficial cardiovascular effect of sodium glucose co-transporter 2 inhibitors in T2DM," the authors write.

Several authors disclosed financial ties to pharmaceutical companies, including Janssen, which manufactures canagliflozin and funded the study.

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