



DAPA HF



DELIVER



DAPA ACT HF  
TIMI 68

# DAPAgliflozin for TReatment of Inpatients and Outpatients with Heart Failure

## The DAPA-TRIO-HF Meta-Analysis

**David D. Berg, MD, MPH**

HFSA Annual Scientific Meeting

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# Disclosures

## **Research Grant Support through BWH:**

AstraZeneca; Merck; Pfizer

## **Consulting, Honoraria, Endpoint Committees:**

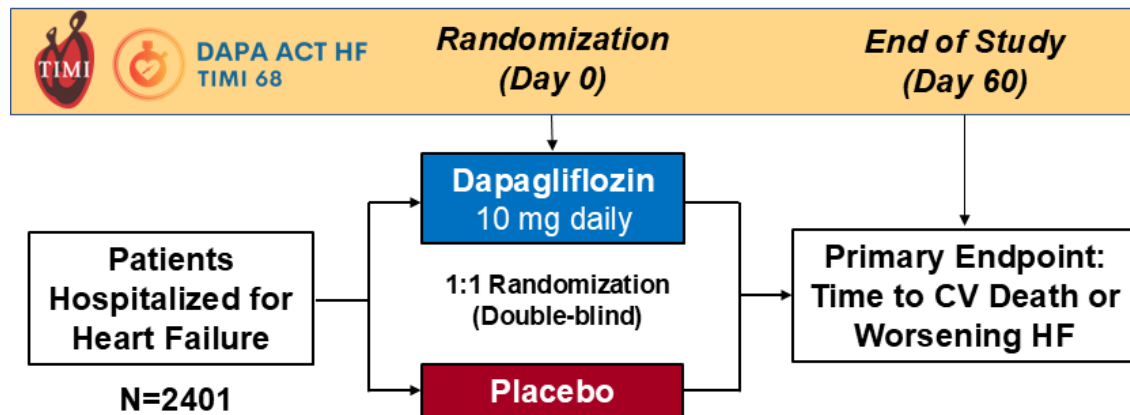
AstraZeneca; Beckman Coulter; CeleCor Therapeutics; Kowa Pharmaceuticals; Metabolic Endocrine Education Foundation; Novo Nordisk; Pfizer; Pri-Med; Radcliffe Cardiology; Tosoh Biosciences; USV Private Limited; Youngene Therapeutics

**DAPA-HF, DELIVER, DAPA ACT HF – TIMI 68 were funded by AstraZeneca**

# Background

**SGLT2 inhibitors are indicated for the treatment of HF regardless of LVEF**

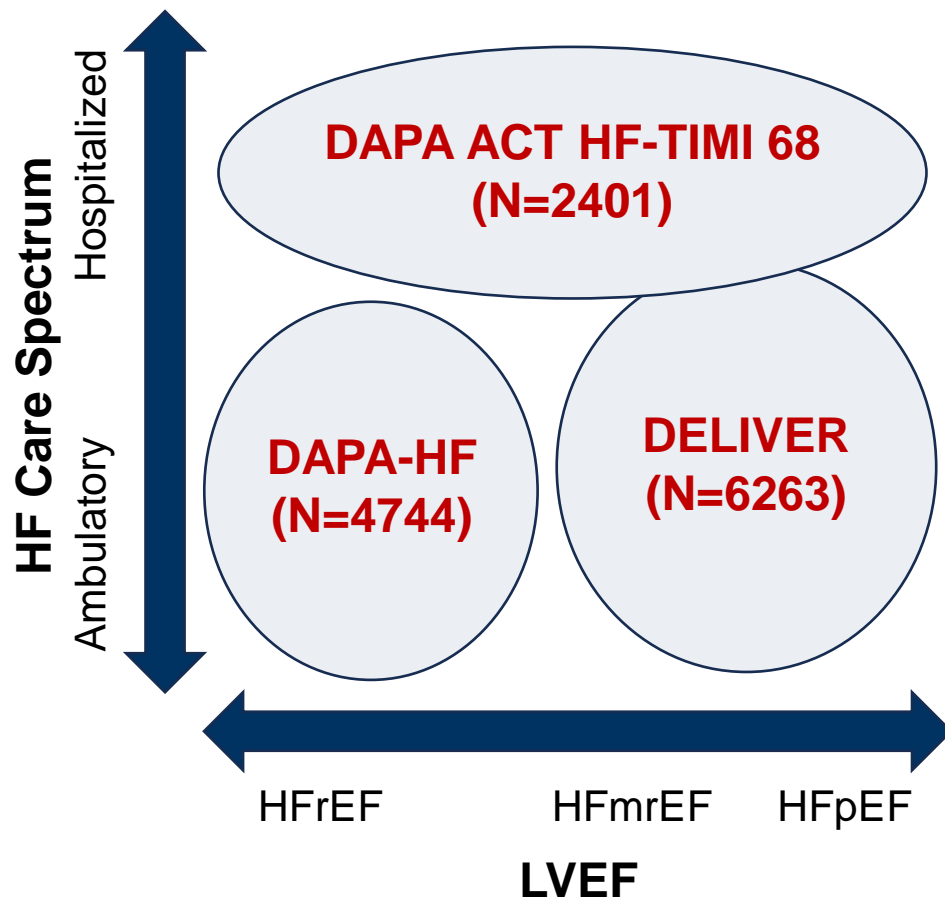
**Fewer data regarding initiation of SGLT2 inhibitors in hospitalized HF patients**



**In DAPA ACT HF – TIMI 68, there were non-significant trends towards ↓ risk of CV death or worsening HF (HR 0.86) and all-cause mortality (HR 0.66) through 2 months**

**Objective: To examine the effect of dapagliflozin on CV outcomes in patients with HF across different healthcare settings**

## Collaborative meta-analysis of 3 randomized trials of dapagliflozin in HF



Harmonized endpoint definitions for CV death and worsening HF (HFH and UHFV)

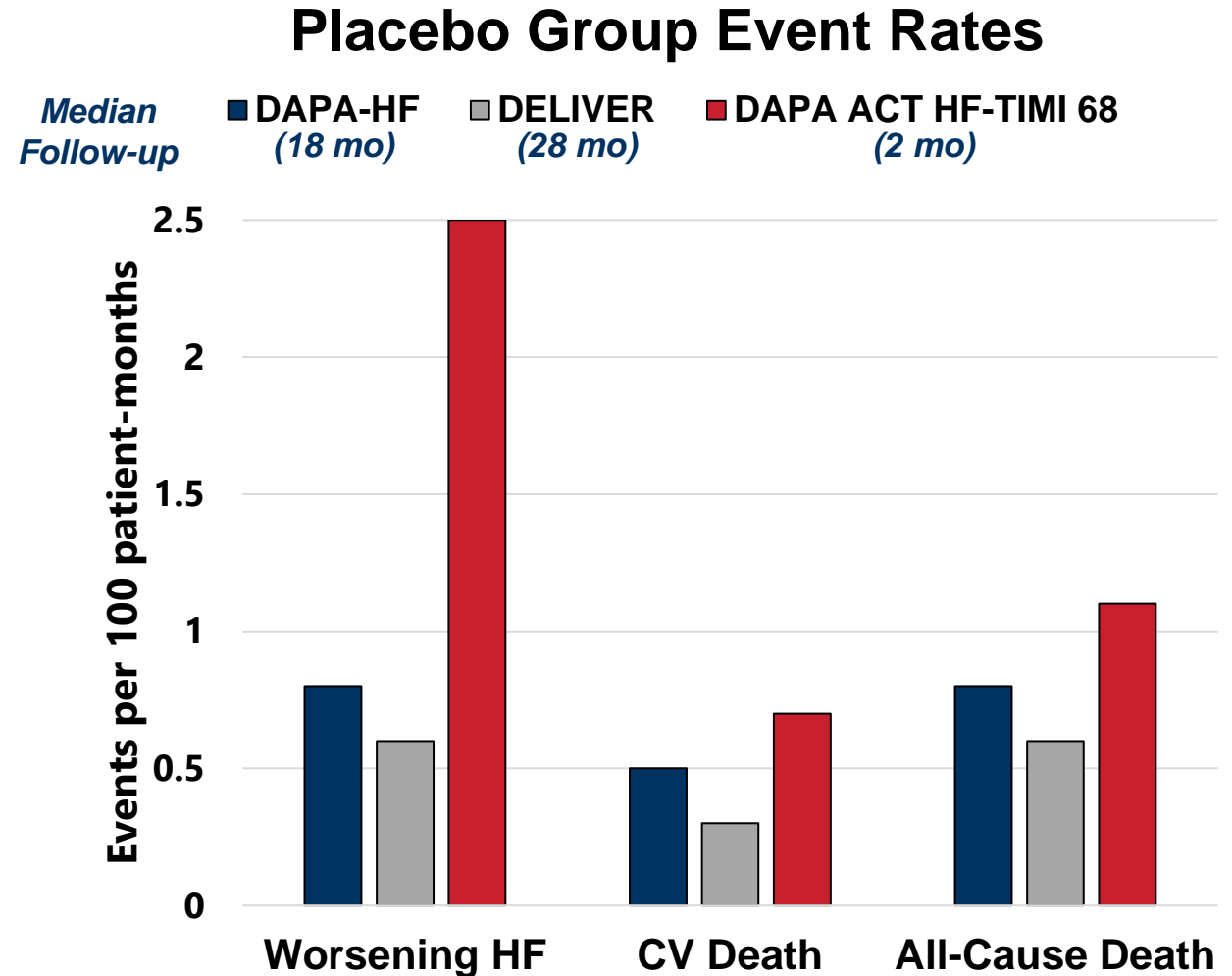
In each trial, Rx effect estimates derived using individual participant-level data

Random-effects models used to generate pooled Rx effect estimates

Meta-analytic protocol registered with PROSPERO (CRD420251107852)

# Study Population Characteristics

Patient Characteristics	Overall (N=13,408)
Age (yrs)	69
Female sex	35%
Diabetes mellitus	43%
LVEF (%)	
≤40%	48%
41-49%	17%
≥50%	35%
HF hospitalization	54%

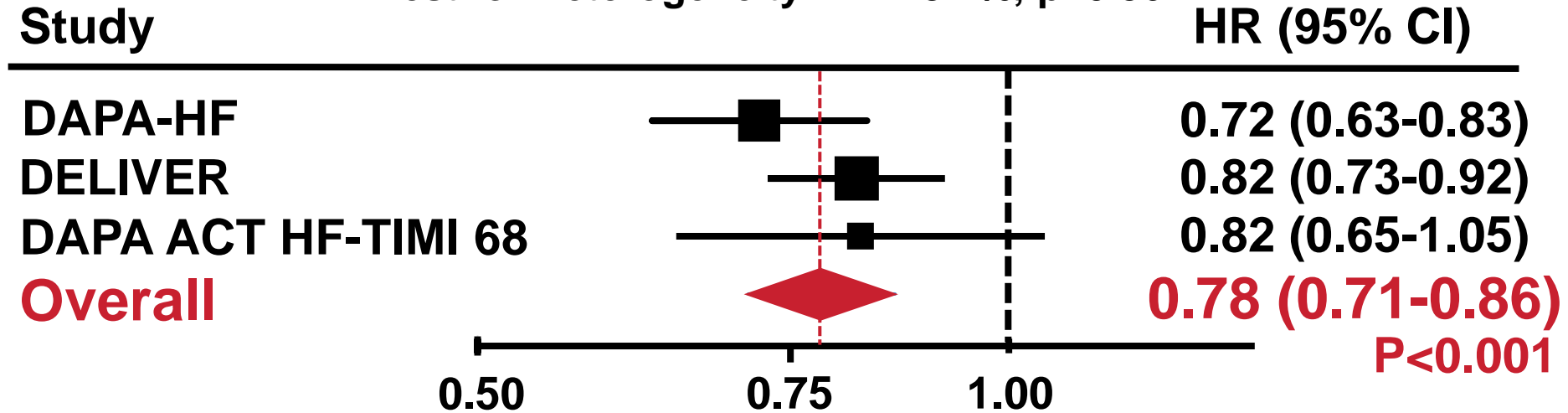


# Pooled Treatment Effect

## Cardiovascular Death or Worsening Heart Failure

Test for Heterogeneity:  $I^2 = 18.1\%$ ;  $p=0.36$

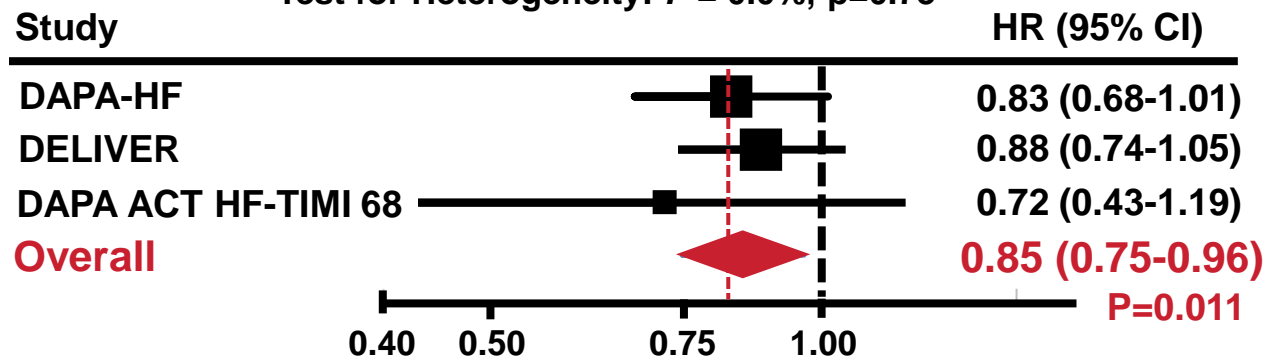
↓22%



## Cardiovascular Death

↓15%

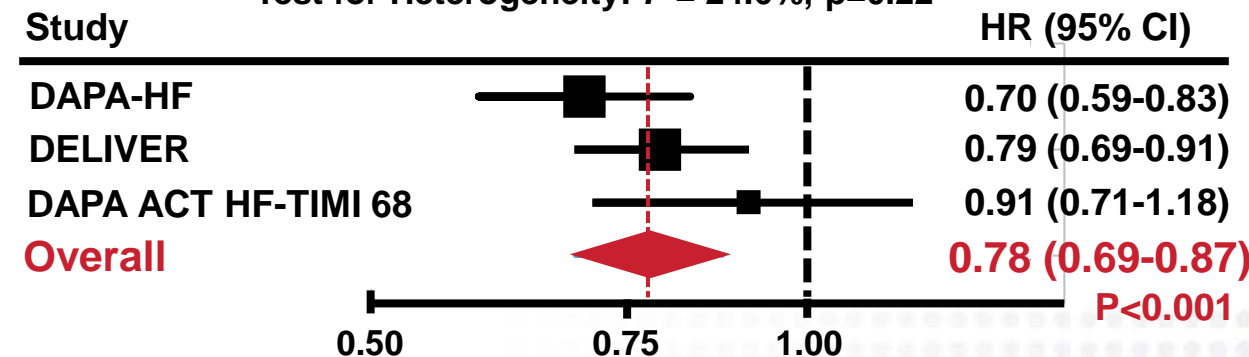
Test for Heterogeneity:  $I^2 = 0.0\%$ ;  $p=0.73$



## Worsening Heart Failure

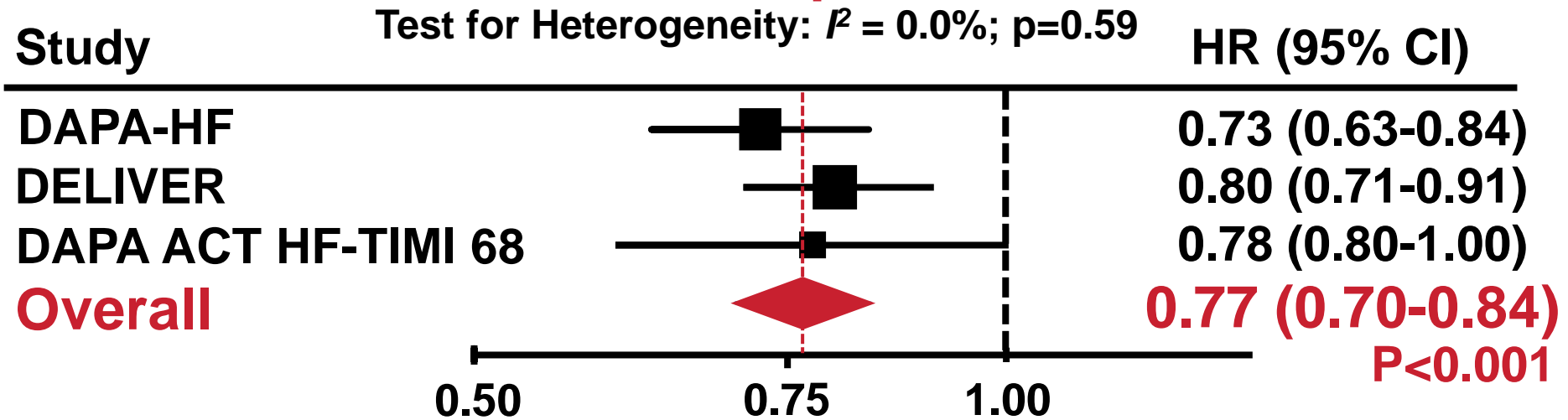
↓22%

Test for Heterogeneity:  $I^2 = 24.6\%$ ;  $p=0.22$

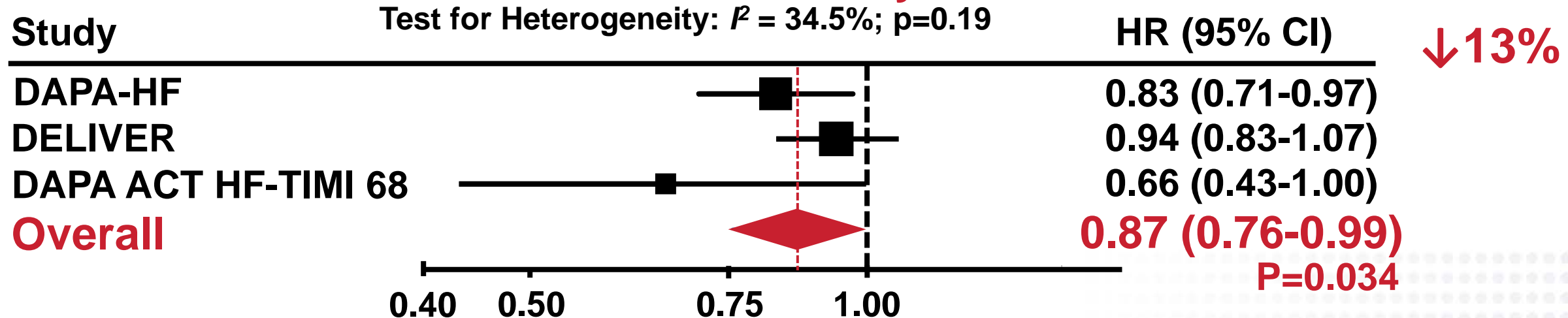


# Pooled Treatment Effect

## Cardiovascular Death or Hospitalization for Heart Failure

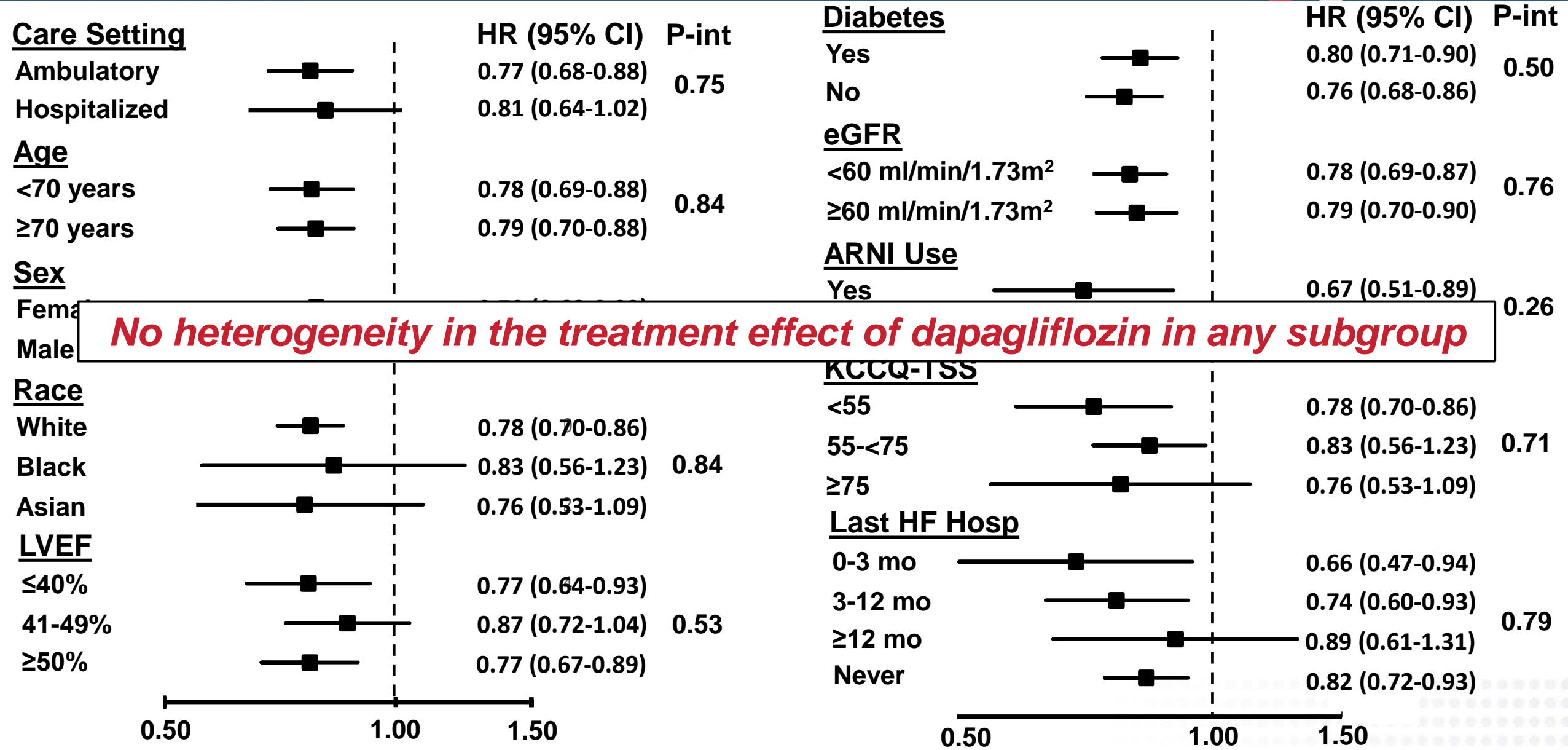


## All-Cause Mortality





# CV Death or WHF in Subgroups





# Conclusions

**Dapagliflozin ↓ risk of CV death or worsening HF by ~22% in patients with HF**

**Treatment effects are highly consistent whether dapagliflozin is initiated in hospitalized or ambulatory care setting**

**Treatment effects seen regardless of age, sex, race, eGFR, diabetes status, baseline LVEF, baseline KCCQ-TSS, timing of most recent HF hospitalization, or background ARNI use**

**These data support early use of dapagliflozin across the HF care continuum**



# ASM 2025

**HFSA ANNUAL SCIENTIFIC MEETING**

**Where Heart Failure Teams Gather**  
**September 26-29 | Minneapolis, Minnesota**