DAPAGLIFLOZIN IN PATIENTS HOSPITALIZED WITH NEWLY DIAGNOSED HEART FAILURE

A prespecified analysis of the DAPA ACT HF-TIMI 68 trial

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on behalf of the **DAPA ACT HF-TIMI 68 Investigators**

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Newly Diagnosed ("De Novo") Heart Failure

- Heart failure (HF) is the leading CV reason for hospital admission
- ~30-50% of all HF hospitalizations are due to newly diagnosed HF
- Clinical trials testing novel HF therapies have traditionally focused on ambulatory chronic HF patients, excluding "newly diagnosed" patients

Aim

- To compare clinical profiles and outcomes of hospitalized HF patients according to HF chronicity (newly diagnosed vs. worsening chronic HF)
- To explore treatment effects of in-hospital initiation of dapagliflozin (SGLT2 inhibitor) across both groups

DAPA ACT HF-TIMI 68

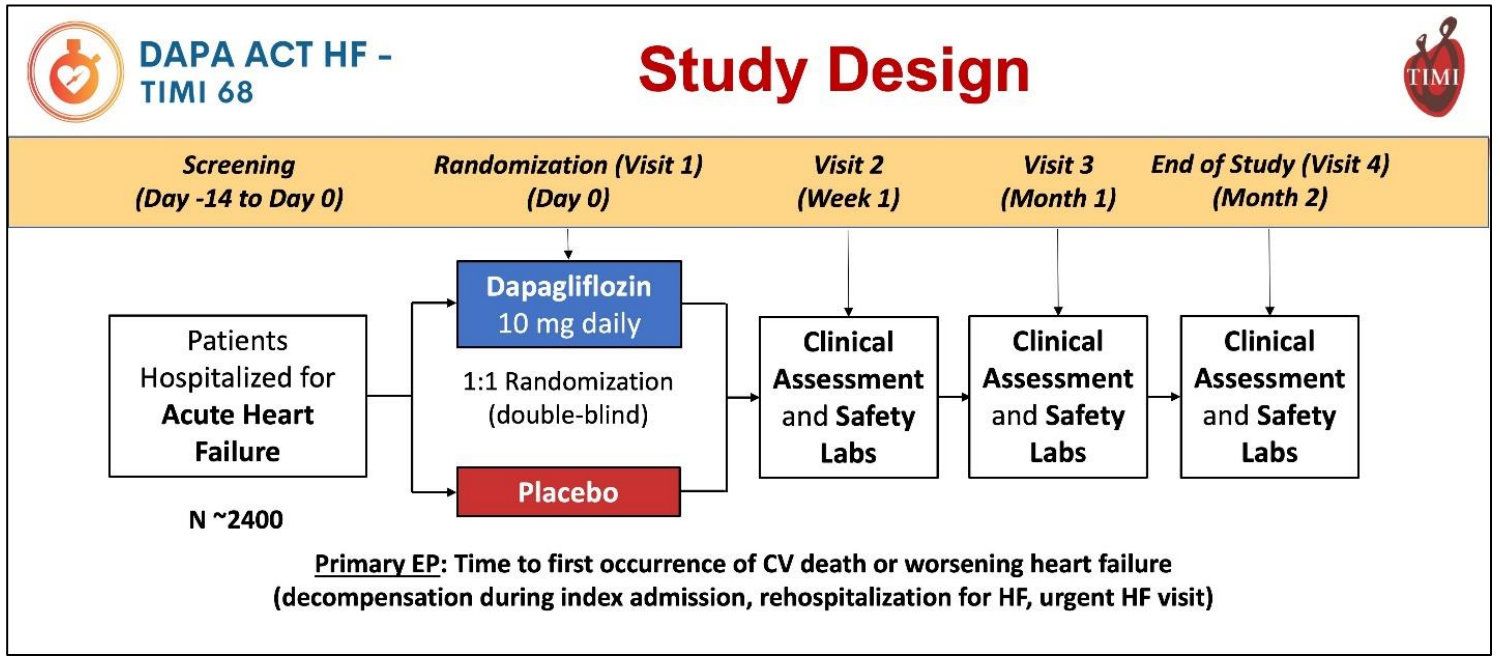
- **Investigator-initiated, randomized, double-blind, placebo-controlled trial of in-hospital initiation of dapagliflozin in patients hospitalized for HF**

Key inclusion criteria:

- ✓ Any LVEF
- ✓ In-hospital (1-14d after admission)
- ✓ After initial stabilization

Key exclusion criteria:

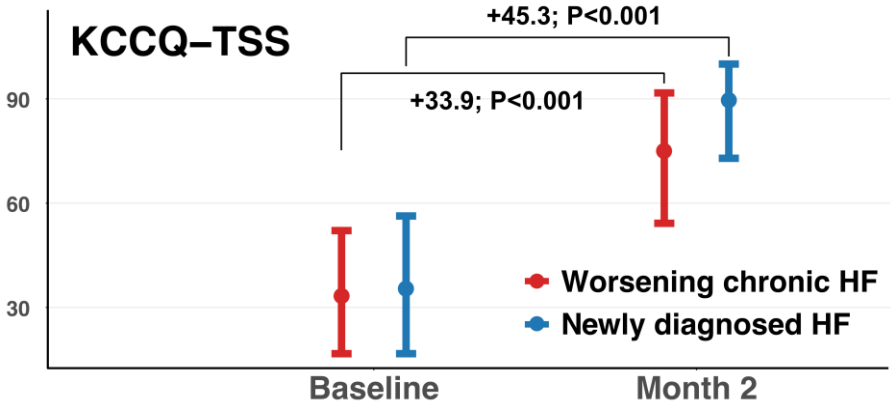
- ❖ HF due to transient causes (expected to resolve within 2 mo)
- ❖ infiltrative HF
- ❖ SGLT2i use or intolerance

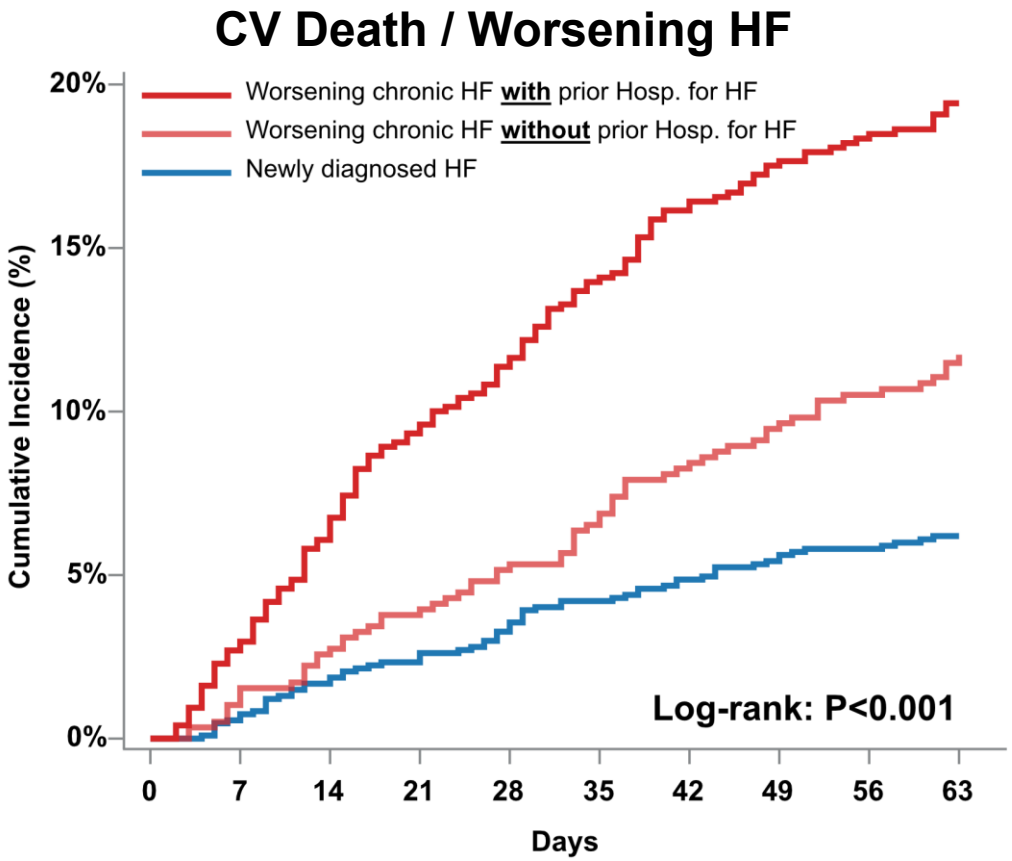


Prespecified subgroup analysis → newly diagnosed vs. worsening chronic HF

Clinical Characteristics, Trajectories, and Outcomes: Newly Diagnosed vs. Worsening Chronic HF

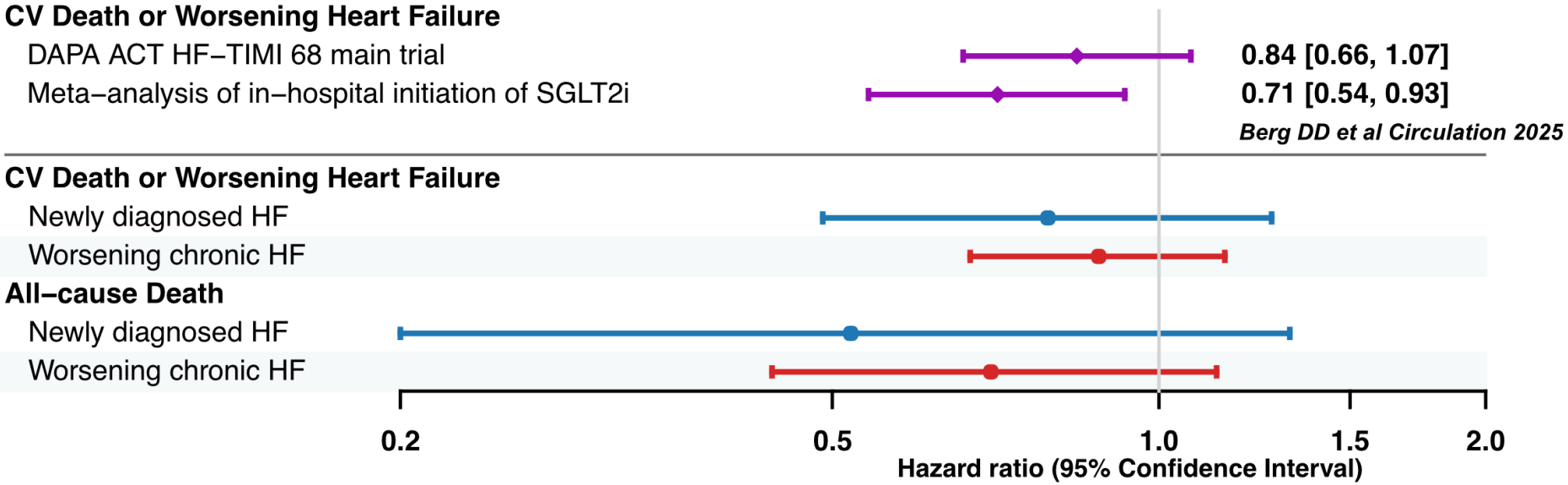
median or %	Newly diagnosed (N=1,074)	Worsening chronic (N=1,327)	p-value
Age (years)	64	71	**<0.001**
Female sex	36	32	0.076
LVEF ≤40%	73	71	0.319
Ischemic Cause	14	35	**<0.001**
Hypertension	68	86	**<0.001**
DM Type 2	26	43	**<0.001**
Atrial fibrillation	32	55	**<0.001**
NT-proBNP, pg/ml	4579	5006	**0.02**
eGFR, ml/min	70	58	**<0.001**





Greater improvement in NDHF
+11.4 [+9.4, +13.4]; P<0.001

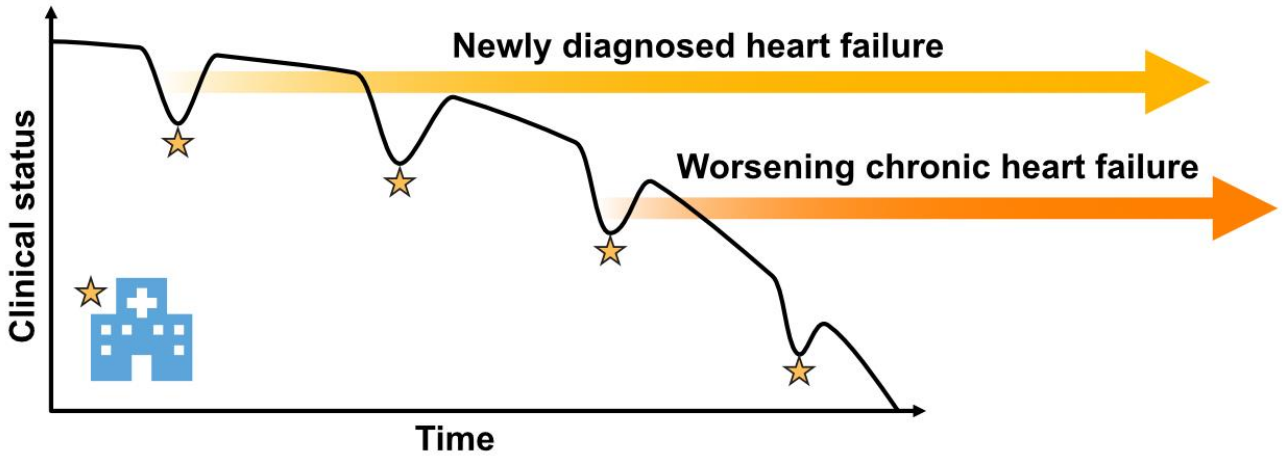
Treatment Effect of Dapagliflozin: Newly Diagnosed vs. Worsening Chronic HF



	Newly diagnosed HF		Worsening chronic HF		p-interaction
Safety Endpoint (%)	**Dapagliflozin**	**Placebo**	**Dapagliflozin**	**Placebo**	
AE leading to study drug discont.	2.7	1.4	6.5	7.4	0.18
Symptomatic hypotension	3.1	1.2	4.0	3.0	0.47
Worsening renal function	4.0	3.9	7.5	5.3	0.25
Major hypoglycemia	0.2	0.4	0.3	0.2	0.39
Diabetic ketoacidosis	0	0	0	0	NA

Conclusion

- **Irrespective of randomized treatment, newly diagnosed HF patients were younger, had fewer comorbidities, greater symptomatic improvements, better post-discharge outcomes, and fewer overall safety concerns**
- **Similar pattern with efficacy and safety of in-hospital initiation of dapagliflozin (SGLT2i) across both subgroups**



- **HF chronicity (and prior HF hosp) is a marker of worse prognosis**
- **Findings support initiation of SGLT2i during hospitalization regardless of HF chronicity**

Thank you very much for your attention!