

**Control Number:** 21-LB-21288-ACC  
**Session Number:** 410  
**Session Title:** Late-Breaking Clinical Trials IV  
**Session Time:** Monday, May 17, 2021, 8:00 am - 9:15 am  
**Presentation Number:** 410-08  
**Topic 1:** Heart Failure and Cardiomyopathies  
**Patients Enrolled:** 11784  
**Published Acronym:** SOLOIST and SCORED  
**Published Name of Trail:** SOLOIST and SCORED  
**Trial Type:** Secondary analysis of major clinical trial  
**Publishing Title:** Benefits Of Sodium Glucose Co-transporter-1/2 Inhibition With Sotagliflozin Across The Full Spectrum Of Ejection Fraction, Including Heart Failure With Preserved Ejection Fraction

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**Background:** The sodium glucose co-transporter 1/2 inhibitor sotagliflozin reduced heart failure hospitalizations in SOLOIST and SCORED. We sought to determine if these benefits were consistent in those with heart failure due to preserved ejection fraction (HFpEF).

**Methods:** We pooled patient-level data from SOLOIST and SCORED and determined the effect on the primary endpoint of both trials (total number of cardiovascular deaths, hospitalizations for heart failure, and urgent visits for heart failure) as a function of baseline ejection fraction (EF).

**Results:** Among 11,784 patients, there was a significant reduction in the primary endpoint irrespective of baseline EF—EF <40% (N=1,758): hazard ratio (95% confidence interval, p value) 0.78 (0.63-0.96, p=0.02), EF 40 to <50% (N=1,357): 0.61 (0.44-0.84, p=0.003), EF >50% (N=8,669): 0.70 (0.57-0.86, p=0.0008); interaction with EF category, p=0.46; interaction with continuous EF, p=0.49 (Figure). Results were similar in 4,500 patients with a history of heart failure—EF <40% (N=1758): 0.78 (0.63-0.96, p=0.02), EF 40 to <50% (N=811): 0.57 (0.40-0.82, p=0.002), EF >50% (N=1931): 0.67 (0.51-0.89, p=0.006); interaction with EF category, p=0.35; interaction with continuous EF, p=0.33.

**Conclusion:** Sotagliflozin robustly and significantly reduced the composite of cardiovascular deaths, hospitalizations for heart failure, and urgent visits for heart failure across the full range of EF, including in patients with HFpEF.

**Abstract Body:**

Figure. Reduction in the composite of total cardiovascular deaths, hospitalizations for heart failure, and urgent visits for heart failure across the full range of baseline EF

