

Patients reaching treatment targets with once-weekly semaglutide in real-world practice: pooled analysis of four SURE studies

Roy Rasalam*, Gottfried Rudofsky¹, Ulrik Bodholdt², Andrei-Mircea Catarig³, Neda Ekberg⁴, Umut Erhan³, Joanne Liutkus⁵, Mohd Tariq⁶, Patrick Holmes⁷

Patients with type 2 diabetes initiating once-weekly subcutaneous semaglutide achieved **HbA_{1c}** and **weight-loss** targets in a pooled analysis of four observational studies



52.6%

HbA_{1c} <7%



60.1%

Weight-loss ≥3%

Proportion of patients who achieved HbA_{1c} and weight-loss targets in the overall population

Background

- Once weekly (OW) subcutaneous (s.c.) semaglutide is a glucagon-like peptide-1 receptor agonist (GLP-1RA) approved for type 2 diabetes (T2D) treatment.
- Real-world evidence studies are important to understand the use of a drug in routine clinical practice and in diverse patient populations.¹
- The SURE observational studies to date (Canada, Denmark/Sweden, Switzerland, UK) reported significant HbA_{1c} and body weight reductions with OW semaglutide.²⁻⁵
- This pooled *post hoc* analysis of four SURE studies (N=1,212) evaluated patients achieving HbA_{1c} and weight-loss targets.

Methods

- Patients (age ≥18 years) with T2D with ≥1 documented HbA_{1c} value ≤12 weeks before semaglutide initiation were enrolled, and the patient populations were pooled for this analysis.
- Semaglutide and other anti-hyperglycaemic drugs were prescribed at the physician's discretion.
- The proportions of patients achieving HbA_{1c} <7%, weight loss from baseline ≥3%, ≥5% and ≥10%, and a composite endpoint of HbA_{1c} reduction ≥1% and weight loss ≥3% at end of study (EOS; ~30 weeks) are reported in the overall pooled population and in the subgroup of patients with a baseline HbA_{1c} level ≥7%.
- The proportion of patients achieving treatment targets was evaluated using summary statistics.

Results

- Overall, 1,212 patients were included in the pooled analysis and there were 981 patients with baseline HbA_{1c} ≥7%, with baseline characteristics reflective of real-world practice (**Table 1**).
- The proportions of patients achieving treatment targets were similar in the overall population and in patients with baseline HbA_{1c} ≥7% (**Figure 1**).

Conclusion

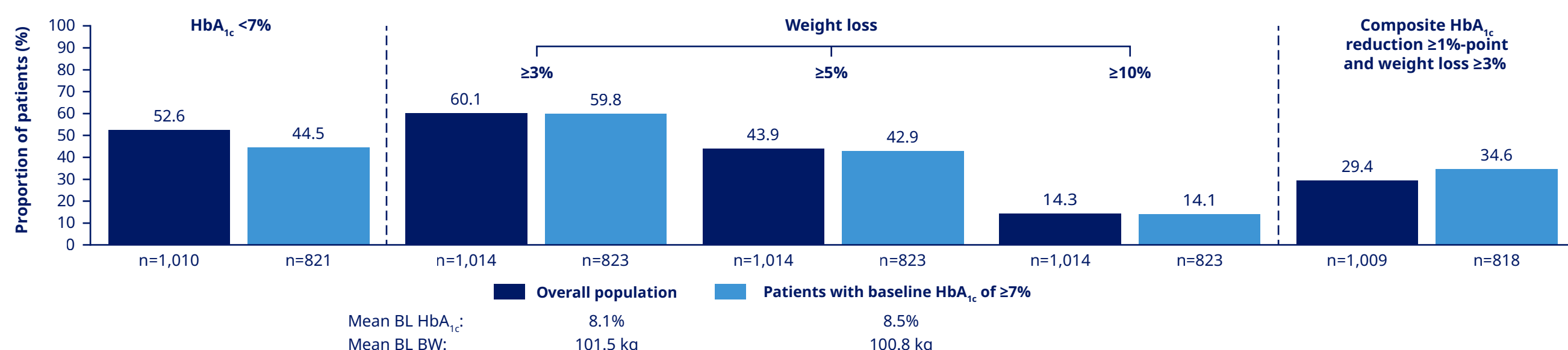
- In a pooled analysis of real-world data from SURE Canada, Denmark/Sweden, Switzerland and the UK:
 - In patients with T2D initiating OW semaglutide, 52.6% achieved HbA_{1c} <7% by EOS (~30 weeks), 60.1% achieved weight loss ≥3%, and 29.4% achieved the composite endpoint of HbA_{1c} reduction ≥1%-point and weight loss ≥3%.
 - In the subset of patients with baseline HbA_{1c} ≥7%, a similar proportion achieved the same targets: 44.5% attained HbA_{1c} <7%, 59.8% a weight loss ≥3%, and 34.6% the composite endpoint by EOS.
 - The discontinuation rate in the overall population was 9.5%, and no new safety signals were identified with OW semaglutide.
 - These results from a real-world setting in five countries support the use of OW semaglutide in routine clinical practice in a broad range of adults with T2D.

Table 1: Baseline characteristics (overall pooled population and patients with baseline HbA_{1c} ≥7%)

	Overall pooled population N=1,212	Patients with baseline HbA _{1c} ≥7% N=981
Age, years	60.1 (10.9)	59.9 (10.9)
Female, n (%)	473 (39.0)	378 (38.5)
Diabetes duration, years*	12.2 (7.8)	12.5 (7.6)
HbA _{1c} , %	8.1 (1.5)	8.5 (1.3)
Body weight, kg [†]	101.5 (21.0)	100.8 (20.7)
Body mass index, kg/m ^{2‡}	34.9 (6.6)	34.6 (6.5)
Switch from another GLP-1RA, n (%)	252 (20.8)	193 (19.7)

Data shown are the full analysis set for the overall pooled population, N=1,212 unless otherwise stated, and the patients with baseline HbA_{1c} ≥7%, N=981 unless otherwise stated. *N=1,210 and N=979, respectively. †N=1,201 and N=973, respectively. ‡N=1,195 and N=969, respectively. Data are mean (SD) unless otherwise indicated. GLP-1RA, glucagon-like peptide-1 receptor agonist; N, total number of subjects; n, number of subjects; SD, standard deviation.

Figure 1: Proportions of patients achieving treatment targets



Mean semaglutide dose at EOS in the overall population: 0.8 mg. Data are from the full analysis set, regardless of semaglutide treatment status. n indicates the number of patients included in analysis with available data. BL, baseline; BW, body weight; EOS, end of study.

Affiliations:

*Queensland Health and James Cook University, Townsville, Australia; ¹Cantonal Hospital Olten, Olten, Switzerland; ²Kastruplægerne, Kastrup, Denmark; ³Novo Nordisk A/S, Søborg, Denmark; ⁴Karolinska Institutet, Solna, Sweden; ⁵Altmar Health Service, Cambridge, ON, Canada; ⁶Novo Nordisk Service Centre India Private Ltd., Bangalore, India; ⁷St George's Medical Practice, Darlington, UK.

References:

(1) Blonde L et al. *Adv Ther* 2018;35:1763-74; (2) Yale JF et al. *Diabetes Obes Metab* 2021;23:2269-78; (3) Ekberg NR et al. *Prim Care Diabetes* 2021;15:871-8; (4) Rudofsky G et al. *Diabetes Res Clin Pract* 2021;178:108931; (5) Holmes P et al. *Diabetes Ther* 2021;12:2891-905. These trials were sponsored by Novo Nordisk and are registered with ClinicalTrials.gov (NCT03457012, NCT03648281, NCT03631186, NCT03876015). Presenter Dr Roy Rasalam reports educational consultancy and advisory board work for Sanofi, Eli Lilly, Novo Nordisk, MSD and AstraZeneca. Editorial updates by Ashfield MedComms (supported by Novo Nordisk). First presented at the European Association for the Study of Diabetes congress, Sep 27-Oct 1, 2021. Presented at the Australian Diabetes Society & Australian Diabetes Educators Association - Australasian Diabetes Congress, Aug 08-10, 2022, Brisbane, Australia.