EMPA-KIDNEY Early Stop
Study of heart and kidney protection with empagliflozin

BURDEN OF CHRONIC KIDNEY DISEASE

Kidney disease is a global public health issue, affecting nearly 850 million people, which is more than one in ten adults.

Worldwide, 5 to 10 million people die each year from chronic kidney disease (CKD).

CKD is closely linked with several metabolic and cardiovascular (CV) diseases.

Prevention of kidney disease progression and reduction of CV risk remain significant unmet clinical needs.

ABOUT THE EMPA-KIDNEY TRIAL

EMPA-KIDNEY is the largest and broadest SGLT2 inhibitor trial in CKD to date.

EMPA-KIDNEY is evaluating the efficacy and safety of Jardiance® (empagliflozin) across a broad spectrum of adults with CKD.

The trial’s Independent Data Monitoring Committee recommended that the trial be stopped early due to clear positive efficacy.

Study design

EMPA-KIDNEY is a double-blind, randomized, placebo-controlled, academic-led trial, including more than 6,600 adults with CKD.

The trial is being conducted, analyzed, and reported by the Medical Research Council Population Health Research Unit at the University of Oxford.

EMPA-KIDNEY endpoints

Primary endpoint: a composite of kidney disease progression or CV death.

Key secondary endpoints: CV death or hospitalization for heart failure, all-cause hospitalization, and all-cause mortality.

EMPA-KIDNEY includes adults with CKD who are frequently seen in clinical practice but under-represented in previous SGLT2 inhibitor trials, including people:

- with mildly to severely reduced eGFR (a measure of kidney function);
- with normal and increased levels of albumin (a type of protein present in the urine);
- with and without diabetes;
- with CKD attributable to a wide range of underlying causes.

CONCLUSION

EMPA-KIDNEY follows the landmark EMPA-REG OUTCOME® and EMPEROR trials, all of which demonstrated cardio-renal benefits of empagliflozin.

Full results from EMPA-KIDNEY will be presented at an upcoming medical congress.

References