Tirzepatide improves kidney outcomes in T2DM with increased CV risk

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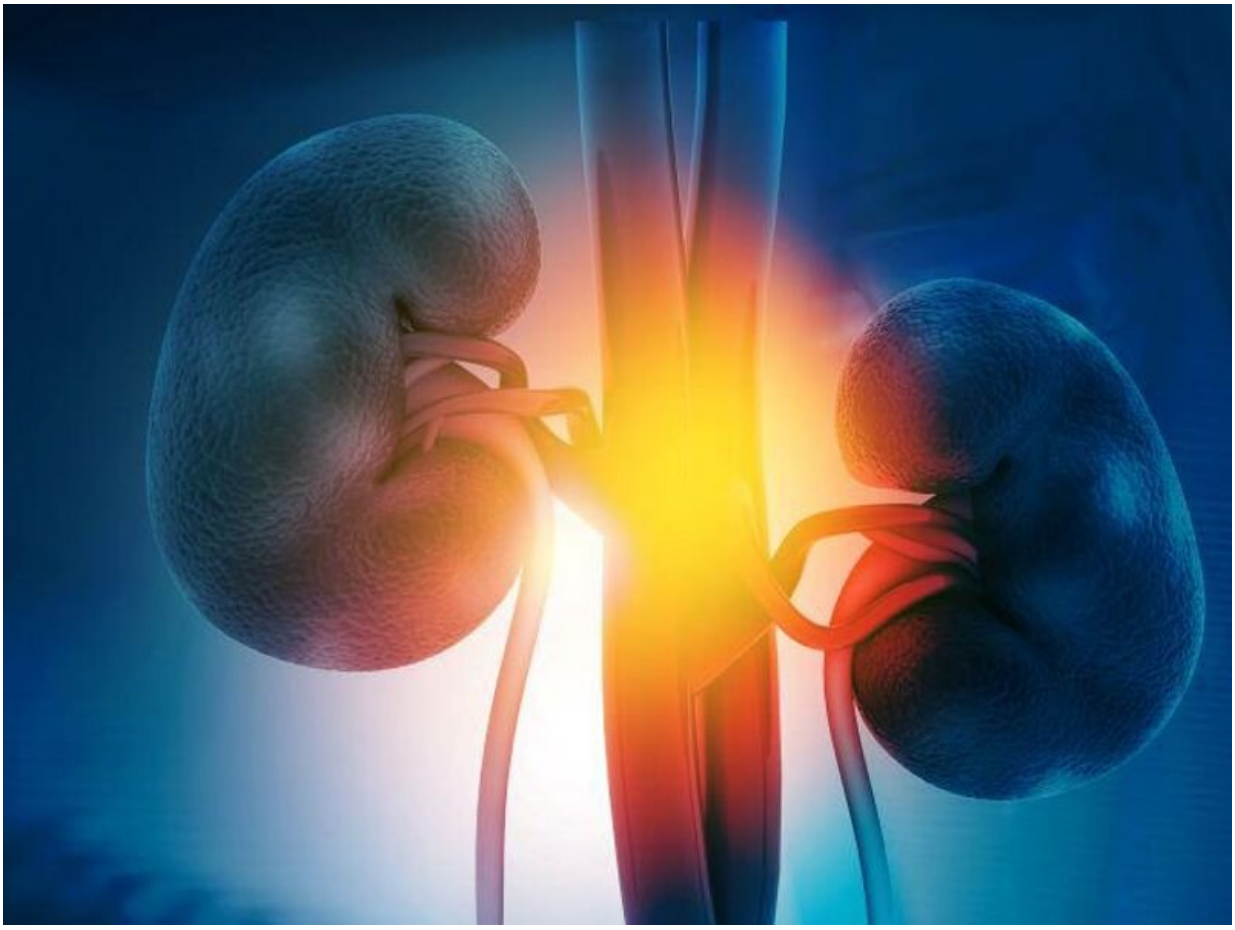

An exploratory analysis of data from the SURPASS-4 trial has shown

that adults with type 2 diabetes and increased cardiovascular risk receiving tirzepatide experience fewer renal complications, especially new onset of macroalbuminuria; these findings were presented at the annual meeting of the American Diabetes Association, held from June 3 to 7 in New Orleans.

Hiddo L. Heerspink, Ph.D., Pharm.D., from the University Medical Center Groningen in the Netherlands, and colleagues compared progression to prespecified kidney end points between tirzepatide and insulin glargine among 1,995 participants with type 2 diabetes and increased cardiovascular risk.

The researchers found that participants receiving tirzepatide versus insulin glargine experienced significantly fewer renal outcomes, especially new onset of macroalbuminuria (hazard ratio, 0.41). The risk for composite end point 1 (estimated glomerular filtration rate decline ≥40 percent from baseline, renal death, progression to end-stage renal disease, and new onset macroalbuminuria) was significantly lower with tirzepatide (hazard ratio, 0.59).

"With these exploratory findings of SURPASS-4, we are seeing the results of combined gastric inhibitory polypeptide/glucagon-like peptide-1 receptor agonists on the kidney function of patients with type 2 diabetes for the very first time," Heerspink said in a statement. "The findings will be of interest to physicians treating people with diabetes who may have chronic kidney disease."

Several authors disclosed financial ties to pharmaceutical companies, including Eli Lilly, which manufactures tirzepatide and funded the study.

More information: American Diabetes Association annual meeting

HIDDO L. HEERSPINK et al, 17-OR: ADA Presidents' Select Abstract: Effects of Tirzepatide vs. Insulin Glargine 100 U/mL on Kidney Outcomes in Participants with Type 2 Diabetes in SURPASS-4, *Diabetes* (2022). DOI: 10.2337/db22-17-OR