LBS 6 and LBS 7 EMBARGOED Media Briefing 7:30-8:30 am CT, Monday, Nov. 16, 2020.

[LBS 6 and 7 Briefing Speakers](https://newsroom.heart.org/_gallery/get_file/?file_id=5facb9822cfac2153eacf47d&file_ext=.docx&page_id=) (doc)

GERASIMOS FILIPPATOS - FIDELIO

Thank you for giving me the opportunity to present the results for the [Indiscernible] trial. With Type two diabetes have high cardiovascular events in patients with diabetes and chronic kidney disease have three, four heart disease mortality compared to those with Type two diabetes alone. Over activation of the [Indiscernible] sector in these patients lead to [Indiscernible] of the heart --kidneys, and blood vessels. , novel [Indiscernible] which [Indiscernible] of the Cardiovascular System in animal models. In the [Indiscernible] trial 5754 patients were randomized and [Indiscernible] placebo. The trial included during which time cardiovascular in diabetes therapy was optimize. The study is a primary kidney in deployed in the [Indiscernible] cardiovascular outcome open quote. Included in the trial with diabetes and chronic kidney disease they take it with [Indiscernible] and optimize dust for [Indiscernible]. Overall blood glucose and blood pressure were well-controlled. Almost one-half of the patients had a history of cardiovascular disease. You can see here the main results. The key in bright primary employment due to chronic dialysis, less than [Indiscernible] and sustained declined four to six best for six was of a baseline and kidney death that was 80% [Indiscernible] reduction of this in part of that was highly sophisticated. The [Indiscernible] input was a composite of cardiovascular [Indiscernible], nonfatal stroke, or hospitalization for [Indiscernible]. Reduction was 40% with a value that West artistically significant. As we can see both cardiovascular death and hospitalization for heart failure events had relative risk reduction with nearly 40%. We also observed elevated risk reduction of 20% of nonfatal myocardial infarction [Indiscernible]. On the measure of survival care for nonfatal stroke the Rose separation, however, nonfatal stroke was found to be seen between the two groups. The benefit of [Indiscernible] on the cardiovascular in deployed was consistent and [Indiscernible] of groups cardiovascular disease. Amongst of those with a history of cardiovascular disease that was where the person, 50% risk reduction and similar [Indiscernible] was observed with those without the history of cardiovascular disease. Overall treatment-emergent of events and a series of these events was seen between the two groups. Investigator report had been [Indiscernible] was higher with [Indiscernible] but the incidents of clinical impact invasive HyperCard EMEA [Indiscernible] hospitalization as you can see was very low and there were no [Indiscernible] associated deaths. The safety profile of the drug was similar in those with and without a history of cardiovascular disease. In summary, in patients with chronic kidney disease and type 2 diabetes treated with optimized [Indiscernible] therapy inhibitor [Indiscernible] significantly reduced the overall risk of cardiovascular events by 14% compared with placebo and that we found this effect to be similar between patients with a history of cardiovascular disease and those without. Demonstrated the benefit of [Indiscernible] were both primary and secondary cardiovascular intervention in patients with chronic kidney disease and type 2 diabetes. In terms of safety overall treatment emerging of these events were similar between [Indiscernible] and [I ndiscernible]. Between patients with and without history of cardiovascular disease. Increase potassium were manageable and incidents of [Indiscernible] discontinuation to happen to [Indiscernible] is low. Overall we found [Indiscernible] too be an effective investigational treatment option for cardiovascular protection of patients with chronic kidney disease and type 2 diabetes. Thank you very much.