

**Abstract <<ADA limit = 1800 characters not including spaces; current count = 1249+500 from figure = 1749 >>**

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**Title**

Canagliflozin Improves Cardiovascular and Renal Outcomes Across Broad Geographic Regions: Results from CREDENCE

**Background**

Diabetes is the most common cause of kidney disease in people requiring renal replacement therapy (RRT). RRT is projected to dramatically increase globally, with the greatest increase in Asia. CREDENCE showed canagliflozin reduces kidney and cardiovascular (CV) events in individuals with type 2 diabetes (T2DM) and chronic kidney disease (CKD).

**Methods**

We explored canagliflozin efficacy across geographic regions. A Cox proportional-hazards model was used to analyze the primary outcome (composite of end-stage kidney disease [dialysis, transplantation, or a sustained eGFR of <15 mL/min/1.73 m<sup>2</sup>], a doubling of the serum creatinine, or death from renal or CV causes).

## Results

A total of 4401 participants were enrolled across North America (n=1182, 27%), Central and South America (n=941, 21%), Eastern Europe (n=947, 21%), Western Europe (n=421, 10%), Asia (n=749, 17%), and Other (n=161, 4%). Placebo event rates ranged widely, with 32 and 77 events/1000 patient-years in Western Europe and Asia, respectively.

Canagliflozin consistently reduced the risk of the primary outcome in all geographic regions (see Figure, previously reported data on race also included).

## Conclusions

Event rates varied two-fold across regions and needs further study. Canagliflozin reduces the risk of kidney and CV events in all geographic regions.

