forxiga®
(dapagliflozin)

The symptoms and limitations of HF can impact patients' day-to-day lives. With FORXIGA®, their quality of life can improve.

FORXIGA® can provide **rapid and sustained symptom improvement** for patients living with HF[1,2]

DAPA-HF and DELIVER prespecified analyses

In patients with HFrEF and HFpEF, FORXIGA® **significantly improved symptoms as measured by KCCQ*** across all clinically significant domains:[1,2]

Physical limitations | **Quality of life** | **Social**

Sustained improvement in patients with HFrEF

- These benefits were seen as early as month 4 and sustained at 8 months.[1]

Rapid & sustained improvement in patients with HFpEF

- These benefits were seen as early as month 1 and sustained at 8 months.[2]
- There was no effect of attenuation in the benefits of FORXIGA® on symptomatic improvement in those with LVEF ≥65%.

See how FORXIGA® offers symptom improvement that can improve quality of life

Learn more about the benefits of FORXIGA®

KCCQ study procedures and clinical outcomes[1,2]

DAPA-HF: PRESPECIFIED ANALYSIS

- 4443 patients (93.7%) of the DAPA-HF population had available KCCQ data at baseline.[1]
- The KCCQ was completed at baseline, 4 months, and 8 months. Patients treated with FORXIGA® had a modest but significant improvement in mean KCCQ TSS, CSS, and OSS at 4 months (1.9, 1.8, and 1.7 points higher than placebo, respectively; *P*<0.0001 for all). These differences between FORXIGA and placebo were amplified over time, with the corresponding mean differences at 8 months being 2.8, 2.5, and 2.3 points higher in favor of dapagliflozin vs placebo (*P*<0.0001 for all).[1]

In DAPA-HF, the primary endpoint showed that FORXIGA® administered in conjunction with other HF therapies reduced the relative risk of the composite endpoint of worsening of HF or CV death by 26% (4.9% ARR) vs placebo with other HF therapies in 4744 adult patients with HFrEF (median follow-up of 18.2 months; *P*<0.001). Worsening of HF is defined as hHF or urgent HF visit requiring initiation or intensification of treatment specifically for HF.[3]

DELIVER: PRESPECIFIED ANALYSIS

- 5795 patients (92.5%) of the DELIVER population had available KCCQ data at baseline.[2]
- The KCCQ was completed at baseline, 1 month, 4 months, and 8 months. Patients treated with dapagliflozin had a significant improvement in mean KCCQ TSS, PLS, CSS, and OSS at 8 months (2.4, 1.9, 2.3, and 2.1 points higher vs placebo; P<0.001 for all). These improvements were observed at 1 month and became more amplified over time.[2]

In DELIVER, the primary endpoint showed that FORXIGA® administered in conjunction with other HF therapies reduced the relative risk of the composite endpoint of worsening HF or CV death by 18% (3.1% ARR) vs placebo with other HF therapies in 6263 adult patients with HFpEF (median follow-up of 2.3 years; P<0.001). Worsening of HF is defined as hHF or urgent HF visit requiring initiation or intensification of treatment specifically for HF.[4]

*As measured by KCCQ scores (TSS, CSS, PLS, and OSS), which collectively encompass symptoms, physical limitations, quality of life, and social function. The KCCQ is a 23-item, self-administered disease-specific instrument that quantifies symptoms (frequency, severity, and recent change), physical function, quality of life, and social function over the previous 2 weeks. In the KCCQ, the total symptom score (TSS) quantifies the symptom frequency and severity, KCCQ clinical summary score (CSS) includes the physical function and symptoms domains, and KCCQ overall summary score (OSS) is derived from total symptom score, physical function, quality of life, and social function. For each domain, the validity, reproducibility, responsiveness, and interpretability have been independently established. Scores are transformed to a range of 0 to 100, in which higher scores reflect better health status.

ARR: absolute risk reduction; **CV:** cardiovascular; **DAPA-HF:** Dapagliflozin And Prevention of Adverse outcomes in Heart Failure; **DELIVER:** Dapagliflozin Evaluation to Improve the LIVEs of Patients With Preserved Ejection Fraction Heart Failure; **HF:** heart failure; **HFpEF:** heart failure with preserved ejection fraction; **HFrEF:** heart failure with reduced ejection fraction; **hHF:** hospitalisation for heart failure; **KCCQ:** Kansas City Cardiomyopathy Questionnaire; **LVEF:** left ventricular ejection fraction; **PLS:** physical limitation score.

References: 1. Kosiborod MN, et al. Circulation. 2020;141:90-99. **2.** Kosiborod MN, et al. The effects of dapagliflozin on symptoms, function and quality of life in patients with heart failure and mildly reduced or preserved ejection fraction: results from the DELIVER Trial. Presentado en: American Heart Association (AHA) Scientific Sessions 2022, 5-7 November 2022, Chicago, Illinois, USA. **3.** McMurray JJV, et al. N Engl J Med. 2019;381(21):1995-2008. **4.** Solomon SD, et al. N Engl J Med. 2022;387(12):1089-1098.

Exclusive material for health professionals.

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