Series: Cardiovascular outcome trials for diabetes drugs
Semaglutide and SUSTAIN-6

MILES FISHER

Abstract
SUSTAIN-6 (Trial to Evaluate Cardiovascular and Other Long-term Outcomes with Semaglutide in Subjects with Type 2 Diabetes) was a pre-licensing FDA-mandated cardiovascular outcome trial with subcutaneous semaglutide and was the first completed trial with a once-weekly glucagon-like peptide-1 receptor agonist. SUSTAIN-6 compared semaglutide and placebo in 3,297 people with type 2 diabetes and established cardiovascular disease, chronic kidney disease, or both, or who were aged over 60 years and had subclinical evidence of cardiovascular disease (persistent microalbuminuria or proteinuria, hypertension with left ventricular hypertrophy, left ventricular dysfunction by imaging, ankle/brachial index less than 0.9). As SUSTAIN-6 was performed as a pre-licensing safety study, non-inferiority for major cardiovascular events (MACE; cardiovascular death, non-fatal myocardial infarction, non-fatal stroke) was the primary outcome and testing for superiority for MACE was not pre-specified or adjusted for multiplicity. SUSTAIN-6 confirmed non-inferiority for MACE, with semaglutide (Figure 1, Box 2). Testing for superiority for MACE was not pre-specified or adjusted for multiplicity, but MACE was significantly reduced in the semaglutide group. In the semaglutide group there were statistically significant reductions in an expanded composite outcome (MACE, coronary or peripheral revascularisation, hospitalisation for unstable angina or heart failure) and in non-fatal stroke. There were no significant differences in the rates of non-fatal myocardial infarction, cardiovascular death, death from any cause or hospitalisation for heart failure. Rates of new or worsening retinopathy complications were unexpectedly higher in the semaglutide group. Further outcome trials with subcutaneous semaglutide are in progress, including a cardiovascular outcome trial in non-diabetic subjects with overweight or obesity.

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Key words: diabetes, cardiovascular outcome trial, semaglutide

Introduction
Licensing requirements for new antidiabetic drugs changed in the USA following the rosiglitazone controversy, and between 2008 and 2020 a dedicated randomised controlled cardiovascular outcome trial (CVOT) was usually required either before or after licensing.\(^1\) This series describes and summarises the results of these CVOTs in the order that they were published, describing the primary endpoint and important secondary outcomes from the principal publication, and directs attention to subsequent publications of data from subgroups and post hoc analyses. SUSTAIN-6 was the third published FDA-mandated CVOT using a glucagon-like peptide-1 (GLP-1) receptor agonist, and the first with a once-weekly agonist.\(^2\) It came after one negative trial with the short-acting GLP-1 receptor agonist lixisenatide,\(^3\) whereas the LEADER trial with liraglutide had demonstrated significant reductions in major adverse cardiovascular events (MACE), cardiovascular deaths and all-cause mortality.\(^4\)

Background
SUSTAIN-6 was a pre-licensing trial and was completed in 2016. Once-weekly subcutaneous semaglutide was approved in 2017 by the FDA for use in the USA and by the EMA for use in Europe in 2018. Semaglutide was the fourth once-weekly GLP-1 receptor agonist to be approved by the FDA and EMA following approval of once-weekly exenatide, albiglutide and dulaglutide. These three drugs were approved based on cardiovascular safety data from their development programmes, and each was later followed by a dedicated CVOT: exenatide with EXSCEL,\(^5\) albiglutide with Harmony Outcomes\(^6\) and dulaglutide with REWIND.\(^7\)

SUSTAIN-6
The principal results from SUSTAIN-6 were presented in 2016 at the meeting of the European Association for the Study of Diabetes and published simultaneously in the New England Journal of Medicine.\(^2\) The design of the study and key baseline characteristics of SUSTAIN-6 are described in Box 1.

In SUSTAIN-6 there was non-inferiority for MACE, a composite of cardiovascular death, non-fatal myocardial infarction and non-fatal stroke, with semaglutide (Figure 1, Box 2). Testing for superiority for MACE was not pre-specified or adjusted for multiplicity, but MACE was significantly reduced in the semaglutide group. In the semaglutide group there were statistically significant reductions in an expanded composite outcome (MACE, coronary or peripheral revascularisation, hospitalisation for unstable angina or heart failure) and in non-fatal stroke. There were no significant differences in the rates of non-fatal myocardial infarction, cardiovascular death, death from any cause or hospitalisation for heart failure. Rates of new or worsening...
Mean age of subjects was 65 years with a mean duration of diabetes of 14 years. Mean baseline HbA1c was 8.7% (72 mmol/mol). 60% of subjects had established ischaemic heart disease, 32% prior myocardial infarction, 12% prior ischaemic stroke and 24% investigator-reported heart failure, but this diagnosis was not well characterised.

73% of subjects were on metformin, 43% sulfonylureas, 3% meglitinides, 2% thiazolidinediones, 58% insulin.

Retinopathy events were increased in the semaglutide group, with a significant reduction in major adverse cardiovascular events (MACE) and non-fatal stroke. Health-related quality of life improved by a greater amount with semaglutide than placebo, possibly mediated in part by changes in body weight and HbA1c.

In post hoc analysis of SUSTAIN-6, nominally significant heterogeneity of semaglutide efficacy by baseline body mass index was observed for MACE, which was not observed in LEADER, and is of uncertain significance.

In SUSTAIN-6 and LEADER, patients with microvascular disease had an increased rate of MACE and semaglutide and liraglutide consistently reduced the risk of MACE in patients with and without microvascular disease.

In SUSTAIN-6 and LEADER, there was an increased frequency of MACE and nephropathy with increasing diabetes duration and semaglutide and liraglutide consistently reduced the risk of cardio renal outcomes across the categories of diabetes duration.

Combining patient data from SUSTAIN-6 and PIONEER 6 showed consistent effects of semaglutide on MACE across varying degrees of cardiovascular risk, with no effect on MACE in people with prior heart failure.

Box 1 Key features of SUSTAIN-6

- SUSTAIN-6 compared semaglutide (0.5 mg or 1.0 mg once-weekly) versus placebo for a median follow-up of 2.1 years in 3,297 subjects.
- Mean age of subjects was 65 years with a mean duration of diabetes of 14 years.
- Mean baseline HbA1c was 8.7% (72 mmol/mol).
- 60% of subjects had established ischaemic heart disease, 32% prior myocardial infarction, 12% prior ischaemic stroke and 24% investigator-reported heart failure, but this diagnosis was not well characterised.
- 73% of subjects were on metformin, 43% sulfonylureas, 3% meglitinides, 2% thiazolidinediones, 58% insulin.

Figure 1. 2.1-year event rates (in %) comparing semaglutide and placebo for major adverse cardiovascular events (MACE), total mortality, cardiovascular mortality, non-fatal myocardial infarction, non-fatal stroke and hospitalisation for heart failure (HFH).

<table>
<thead>
<tr>
<th>Event rate (%)</th>
<th>Semaglutide</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>MACE</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Total mortality</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>CV mortality</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Myocardial infarction</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Stroke</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>HFH</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Other results from SUSTAIN-6

Further publications from SUSTAIN-6 are detailed in Box 2. To get further information about the effects of semaglutide on diabetic retinopathy, data across the SUSTAIN development programme were evaluated and no imbalance in retinopathy was detected. Further analysis of SUSTAIN-6 showed that the majority of the effects were attributed to the magnitude and rapidity of the reduction in HbA1c during the first 16 weeks of treatment in subjects with pre-existing diabetic retinopathy, poor glycaemia control at baseline, and patients treated with insulin. The investigators concluded that early worsening of diabetic retinopathy is a previously known phenomenon associated with rapid and large improvements in glycaemic control with insulin, and the findings in SUSTAIN-6 were consistent with this. This ‘early worsening phenomenon’ related to the speed and degree of improvement in glycaemic control has been accepted by Public Health England.

SUSTAIN-6 was a pre-licensing CVOT with a smaller number of subjects and lower number of events than most other CVOTs. As an example, the LEADER trial with liraglutide included 9,340 subjects and 1,302 MACE events whereas SUSTAIN-6 included 3,297 subjects with only 254 MACE events. This limits statistical power for further analyses, so there are few other publications from SUSTAIN-6 (Box 2). To get round this problem, further analyses have been performed combining data from SUSTAIN-6 and LEADER and SUSTAIN-6 and PIONEER 6 (Box 2).

Discussion

SUSTAIN-6 was the first CVOT with a once-weekly GLP-1 receptor agonist and demonstrated significant cardiovascular benefits with a reduction in MACE and non-fatal stroke, and an unexpected increase in diabetic retinopathy. As for the LEADER trial with liraglutide, the separation of cardiovascular events was later than that observed in studies of sodium-glucose co-transporter-2 (SGLT2) inhibitors, suggesting a different mechanism of benefit and one that might be related to slowing the progression of atherosclerosis. There was no imbalance in diabetic retinopathy comparing oral semaglutide and placebo in the pre-licensing PIONEER 6 CVOT. Further information on the effects of subcu-
Key messages

- SUSTAIN-6 was the third published cardiovascular outcome trial with a GLP-1 receptor agonist, comparing semaglutide and placebo.
- In SUSTAIN-6, semaglutide significantly reduced major adverse cardiovascular events and non-fatal strokes with no significant effect on cardiovascular death, non-fatal myocardial infarction, all-cause mortality or hospitalisation for heart failure.
- Rates of retinopathy complications were significantly higher in the semaglutide group.
- Further outcome trials with subcutaneous semaglutide will examine patients with diabetic retinopathy, diabetic kidney disease and non-diabetic subjects with overweight or obesity.


