Circulation

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ABSTRACT

CARDIOMETABOLIC HEALTH AND DIABETES

SESSION TITLE: RISK FACTORS AND BIOMARKERS ASSOCIATED WITH CVD IN CARDIOMETABOLIC DISEASE

Jump to

Abstract 15670: Relationship Between Baseline Cardiac Biomarkers and Cardiovascular Death or Hospitalization for Heart Failure in DECLARE-TIMI 58

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Jump to

controlled CV outcomes trial of dapagliflozin in pts with. Baseline NT-proBNP and hsTnT levels were measured in the TIMI Biomarker Core Laboratory in 14,565 pts (median follow-up 4.2 y). Patients were stratified by baseline biomarker levels. Relative risk ratios using hazard ratios and absolute risk reductions using Kaplan-Meier event rates at 4 years with dapagliflozin were calculated for CVD/HHF within biomarker quartiles.

Results: The median baseline NT-proBNP and hsTnT levels were 75 pg/mL (IQR 35-165) and 10.2 pg/mL (IQR 6.9-15.5), respectively. Patients with higher levels of NT-proBNP and hsTnT had higher KM event rates of CVD/HHF (Q4 vs Q1: NT-proBNP: 13.7% vs 1.0%; hsTnT: 11.8% vs 1.4%; P-trend <0.001). Dapagliflozin consistently reduced the relative risk of CVD/HHF regardless of baseline NT-proBNP (P INT 0.72) or hsTnT quartiles (P INT 0.93). However, given their higher baseline risk, pts with elevated levels of NT-proBNP and/or hsTnT tended to derive even greater absolute risk reduction with dapagliflozin [ARR in Q4 for NT-proBNP 2.9% (NNT 35); hsTnT 2.4% (NNT 42)] **[Figure]**.

Conclusions: Patients with higher NT-proBNP or hsTnT levels are at increased risk of CV death and HHF. Dapagliflozin reduced the risk of CV death/HHF irrespective of NT-proBNP and hsTnT levels, with greater absolute risk reductions seen in pts with higher baseline biomarker levels.

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Keywords

Biomarkers Diabetes Mellitus