Effects of Dapagliflozin on Hospitalizations in Patients With Chronic Kidney Disease

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Published in:
Annals of Internal Medicine

DOI:
10.7326/L23-0070

Publication date:
2023

CORRESPONDENCE

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TO THE EDITOR: In their post hoc analysis of the DAPA-CKD (Dapagliflozin and Prevention of Adverse Outcomes in Chronic Kidney Disease) trial, Schechter and colleagues (1) showed that compared with placebo, dapagliflozin resulted in a significant decrease in the risk for a first hospitalization and for all hospitalizations or death. Of note, the presence of type 2 diabetes mellitus at baseline did not affect the observed effect. Moreover, the authors observed that dapagliflozin led to a significant decrease (38%) in the risk for hospitalizations due to underlying benign or malignant neoplasms. According to prespecified eligibility criteria, DAPA-CKD investigators excluded participants with active cancer that required treatment at the time of the first visit after randomization (2).

According to recently published observational data from a cohort of nearly 6 million persons, mild to moderate CKD is associated with a significant increase in the risk for incident cancer diagnosis; furthermore, all stages of CKD correlate with significantly increased risk for cancer-related death (3). Several experimental studies during the past decade have shown potential antitumor efficacy of sodium–glucose cotransporter-2 inhibitors. In addition, according to a recent meta-analysis of randomized controlled trials, use of these agents in patients with hyperglycemia is associated with a significant decrease in the risk for incident cancer diagnosis (4).

Knowing whether dapagliflozin reduced the risk for hospitalization due to malignant neoplasm in specific in a sensitive population at high risk for this condition would add further value to the results of Schechter and colleagues' post hoc analysis of the DAPA-CKD trial.

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Disclosures: Authors have reported no disclosures of interest. Forms can be viewed at www.acponline.org/authors/icmje/ConflictOfInterestForms.do?msNum=L23-0069.

doi:10.7326/L23-0069

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IN RESPONSE: We thank Dr. Patoulias for proposing to further explore dapagliflozin's effect on the rate of hospitalizations due to neoplasms in the DAPA-CKD trial. These are intriguing subgroup analyses, and we will consider performing them in the future.

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Disclosures: Disclosures can be viewed at www.acponline.org/authors/icmje/ConflictOfInterestForms.do?msNum=M22-2115.

doi:10.7326/L23-0070

