conducted. Randomised controlled trials (RCTs) were of 24 weeks (+6 weeks treatment duration). Bayesian fixed-effect (FD) and random-effects (RE) models were used to estimate the relative efficacy and tolerability, and 95% credible intervals (CrI).

**RESULTS:** Fourteen RCTs were included. The RE model was selected a priori over the FD model. The FE model did not provide a better fit to the data than the unadjusted model. EQW was associated with a lower risk of nausea compared to all GLP-1 RAs, except exenatide 5ug BID (none of these differences were statistically significant). Risk of discontinuation due to adverse events was lower for EQW than for dulaglutide 1.2mg and 1.8mg (ORs of 0.59 to 1.87). Risks of hypoglycemic events (severe and mild) were similar between EQW and placebo.

**Conclusions:** This NMA of GLP1 analogues was performed to compare the relative efficacy and tolerability of available GLP1 analogues. Overall, the results indicate that EQW is a safe and effective therapeutic option for the treatment of T2DM patients who are not adequately controlled on MET alone.

### PD10: Bayesian Network Meta-analysis (NMA) to Assess the Relative Efficacy of Canagliflozin in Patients with Type 2 Diabetes Mellitus (T2DM) Inadequately Controlled with Insulin

**Objective:** To assess the relative efficacy of canagliflozin, a sodium glucose co-transporter 2 inhibitor (SGLT2) as add-on to insulin +/- oral antihyperglycemic drugs for the treatment of T2DM compared to dipeptidyl peptidase-4 inhibitors (DPP-4), glucagon-like peptide-1 receptor agonists (GLP-1s), sulphonylureas, pioglitazone, and other SGLT2 inhibitors, using Bayesian NMA methods.

**Methods:** A systematic literature review was conducted according to NICE guidelines and available data on HbA1c, weight and systolic blood pressure (SBP) were extracted. Networks of direct and indirect comparisons were created, where data were combined. Selection of fixed vs. random effects was based on the deviance information criterion. Results were interpreted based on absolute differences and Bayesian probabilities for treatments to perform better than others (P).

### PD11: Achievability of Glycemic Targets with Canagliflozin in Triple Therapy in Patients with Type 2 Diabetes Mellitus (T2DM)

**Objective:** To assess the实现了 glycemic targets with canagliflozin in triple therapy compared to double therapy in patients with T2DM.

**Methods:** A randomized controlled trial was conducted according to NICE guidelines. The study included patients with T2DM who were not adequately controlled on metformin plus sulphonylurea combination therapy. Patients were randomly assigned to canagliflozin 100mg or canagliflozin 300mg as add-on to metformin plus sulphonylurea, or to placebo. The primary outcome was the percentage of patients achieving glycemic targets at 26 weeks.

**Results:** Overall, the results indicate that canagliflozin 100mg and 300mg as add-on to metformin plus sulphonylurea are effective in achieving glycemic targets in patients with T2DM who are not adequately controlled on metformin plus sulphonylurea.