Incidence of Diabetic Ketoacidosis among
Patients with Type 2 Diabetes Mellitus
Treated with SGLT2 inhibitors or Other
Antihyperglycemic Agents- A Retrospective,
Observational, New-User Cohort Study
Using 4 Administrative Claims Databases in
the US

First published: 26/04/2018

**Last updated:** 02/07/2024





## Administrative details

**EU PAS number** 

**EUPAS23705** 

Study ID

34362

**DARWIN EU® study** 

No

#### **Study countries**

United States

### **Study status**

**Finalised** 

## Research institutions and networks

## Institutions

## Johnson & Johnson

First published: 01/02/2024

Last updated: 01/02/2024

Institution

## Contact details

## **Study institution contact**

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Study contact

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## Primary lead investigator

Lu Wang

**Primary lead investigator** 

# Study timelines

### Date when funding contract was signed

Planned: 18/04/2018 Actual: 18/04/2018

### Study start date

Planned: 18/04/2018 Actual: 18/04/2018

### Date of final study report

Planned: 08/10/2018 Actual: 01/10/2018

# Sources of funding

• Pharmaceutical company and other private sector

## More details on funding

Janssen Research & Development, LLC

# Regulatory

Was the study required by a regulatory body?

Yes

Is the study required by a Risk Management Plan (RMP)?

EU RMP category 3 (required)

# Methodological aspects

Study type

Study type list

#### **Study topic:**

Disease /health condition

Human medicinal product

### **Study type:**

Non-interventional study

#### Scope of the study:

Assessment of risk minimisation measure implementation or effectiveness

Disease epidemiology

Safety study (incl. comparative)

#### **Data collection methods:**

Secondary use of data

## Main study objective:

The main objective of this study is to compare diabetic ketoacidosis (DKA) incidence between new users of sodium-glucose co-transporter 2 inhibitors (SGLT2i, combined and separate) and new users of other antihyperglycemic agents (AHAs) among patients diagnosed with type 2 diabetes (T2DM). This study will also identify precipitating events and evaluate risk factors for incident DKA.

# Study Design

### Non-interventional study design

Cohort

# Study drug and medical condition

#### Name of medicine

INVOKANA

### Study drug International non-proprietary name (INN) or common name

CANAGLIFLOZIN

### **Anatomical Therapeutic Chemical (ATC) code**

(A10BK02) canagliflozin canagliflozin

#### Medical condition to be studied

Diabetic ketoacidosis

# Population studied

### Short description of the study population

Patients who had a diagnosis of T2DM preceding new use of an SGLT2i or at least one pre-specified comparator AHAs during the study period and had at least 365 days of continuous enrollment prior to the first day of new drug exposure (index date).

#### Age groups

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

#### Special population of interest

Other

### Special population of interest, other

Type 2 diabetes mellitus patients

#### **Estimated number of subjects**

409360

## Study design details

#### **Outcomes**

Diabetic ketoacidosis

### **Data analysis plan**

The crude incidence rates of DKA in the different AHA new-user groups will be estimated as the number of incident DKA cases divided by the total follow-up time at risk. Baseline patient characteristics including risk factors for DKA will be summarized for those treated with SGLT2i versus other AHAs. A conditional Cox proportional hazards model based on time-to-first event approach will be used to estimate Hazard Ratio (HR) associated with SGLT2i (combined and separate) versus other AHAs, with each exposure propensity-score matched set treated as a separate stratum in Cox model. The exposure propensity score will be estimated through large-scale regularized regression, with demographics, all prior conditions/drugs/procedures, risk scores, utilization density as baseline covariates. An empirical p-value calibration using negative control outcomes will be conducted to address potential systematic bias. HRs, 95% Cls, pre- and post- calibration p values will all be reported.

## **Documents**

#### **Study results**

CSR Synopsis RRA-21651 EUPAS23705.pdf(131.75 KB)

# Data management

## Data sources

## Data sources (types)

Administrative healthcare records (e.g., claims)

# Use of a Common Data Model (CDM)

### **CDM** mapping

No

# Data quality specifications

#### **Check conformance**

Unknown

## **Check completeness**

Unknown

## **Check stability**

Unknown

## **Check logical consistency**

Unknown

# Data characterisation

## **Data characterisation conducted**

No