

# CORDIALLY® - CEE: Characteristics of patients with Type 2 Diabetes treated with modern antidiabetic drugs. A real world data collection of patient baseline characteristics, treatment patterns and comorbidities in Central Eastern European (CEE) countries

**First published:** 28/03/2019

**Last updated:** 14/03/2024

Study

Finalised

## Administrative details

### EU PAS number

EUPAS28505

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### Study ID

36466

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### DARWIN EU® study

No

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## Study countries

 Bulgaria

 Czechia

 Hungary

 Poland

 Russian Federation

 Serbia

 Slovenia

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## Study description

This study is initiated 1. To describe and compare T2D patients baseline characteristics when initiating either empagliflozin- or other SGLT2i, DPP4i or GLP1a on top of current antidiabetic treatment by different HCP specialties in CEE countries 2. To describe the burden of comorbidities (prevalence of CVD, CKD) and CVD/CKD risk factors in this T2D patient population at index date 1 3. To describe and compare the actual treatment at study index date 1 in patients with and without established CVD Established CV disease defined as acute myocardial infarction (AMI), cardiology intervention, ischemic heart disease (IHD), congestive heart failure (CHF), peripheral arterial disease (PAD), or stroke. 4. To describe the association of socioeconomic parameters with treatment decisions at index date 1 5. To assess the discontinuation rate, reasons for discontinuation and average duration of treatment for GLP1a, DPP4i and SGLT2i after a follow up of approximately one year from the initial time point (= index date 2)

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## Study status

Finalised

## Research institutions and networks

## Institutions

Boehringer Ingelheim

**First published:** 01/02/2024

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Institution

Multiple centres: 260 centres are involved in the study

## Contact details

### Study institution contact

Martin Prázný [usc@alcedis.de](mailto:usc@alcedis.de)

Study contact

[usc@alcedis.de](mailto:usc@alcedis.de)

### Primary lead investigator

Martin Prázný

Primary lead investigator

## Study timelines

**Date when funding contract was signed**

Planned: 24/10/2018

Actual: 24/10/2018

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**Study start date**

Planned: 16/08/2019

Actual: 26/08/2019

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**Data analysis start date**

Planned: 01/07/2021

Actual: 14/04/2021

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**Date of final study report**

Planned: 01/11/2021

Actual: 24/02/2022

## Sources of funding

- Pharmaceutical company and other private sector

## More details on funding

Boehringer Ingelheim RCV GmbH & Co KG

## Regulatory

**Was the study required by a regulatory body?**

No

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

Not applicable

## Other study registration identification numbers and links

Clinicaltrials.gov number: NCT03807440

### Methodological aspects

#### Study type

#### Study type list

**Study topic:**

Human medicinal product

Disease /health condition

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**Study type:**

Non-interventional study

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**Scope of the study:**

Disease epidemiology

Drug utilisation

Other

**If 'other', further details on the scope of the study**

Study of association of socioeconomic parameters with treatment decision

**Data collection methods:**

Secondary use of data

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**Main study objective:**

To describe and compare T2D patients' baseline characteristics when initiating either empagliflozin - or other SGLT2i, DPP4i or GLP1a on top of current antidiabetic treatment by different HCP specialties in CEE countries

## Study Design

**Non-interventional study design**

Other

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**Non-interventional study design, other**

Multi-country, multi-site study

## Study drug and medical condition

**Anatomical Therapeutic Chemical (ATC) code**

(A10BK) Sodium-glucose co-transporter 2 (SGLT2) inhibitors

Sodium-glucose co-transporter 2 (SGLT2) inhibitors

(A10BH) Dipeptidyl peptidase 4 (DPP-4) inhibitors

Dipeptidyl peptidase 4 (DPP-4) inhibitors

(A10BJ) Glucagon-like peptide-1 (GLP-1) analogues

Glucagon-like peptide-1 (GLP-1) analogues

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**Medical condition to be studied**

Type 2 diabetes mellitus

## Population studied

## **Short description of the study population**

The study population included patients aged 18 years or older diagnosed with type 2 diabetes mellitus (T2DM) initiated treatment with empagliflozin or other SGLT2i, DPP4i or GLP-1 RA between August 2019 and January 2021 in European countries.

Inclusion criteria:

1. Written informed consent prior to participation
2. Female and male patients age  $\geq 18$  years
3. Patients with T2D diagnosis
4. Patients who have been initiated (first ever use) with empagliflozin or other SGLT2i, DPP4i or GLP-1 RA between September 2018 and December 2018 (study index date 1)
5. Patients who have been naive to treatment with empagliflozin or other SGLT2i, DPP4i or GLP-1 RA at study index date 1

Exclusion criteria:

1. Patients age  $< 18$  years
  2. Patients diagnosis of other types of diabetes than T2D
  3. Patients who do not provide written consent to the terms of the study.
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## **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)
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## **Special population of interest**

Other

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### **Special population of interest, other**

Patients with type 2 diabetes mellitus

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### **Estimated number of subjects**

4000

## Study design details

### **Outcomes**

T2D patients' baseline characteristics when initiating either empagliflozin - or other SGLT2i, DPP4i or GLP1a on top of current antidiabetic treatment by different HCP specialties in CEE countries., Burden of comorbidities (prevalence of CVD, CKD and CVD/CKD risk factors) (index date 1) - Actual treatment use (index date 1) in patients with/without established CVD - Association of socioeconomic parameters with treatment decisions (index date 1) - Discontinuation rate of actual treatment (index date 2), reasons for discontinuation and average treatment duration for GLP1a, DPP4i and SGLT2

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### **Data analysis plan**

All analyses in this study are descriptive; results are to be interpreted in an explorative manner. For categorical variables summary tabulations of the number and percentage within each category (with a category for missing data) of the parameter will be presented. For continuous variables number of values, mean, standard deviation, minimum, median, maximum and number of missing values will be presented. Incidence rates and 95% CI will be given when appropriate.

## Documents

## Study results

[1245-0187-CORDIALLY\\_CSR\\_final V1.0\\_Abstract.pdf](#) (5.27 MB)

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## Data management

### ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

## Data sources

### Data sources (types)

[Other](#)

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### Data sources (types), other

Data will be collected retrospectively from existing patient data (medical chart review) previously documented by health care professionals during routine practice in patients treated for T2D in an endocrinologist, diabetologist or cardiologist office based setting (nonhospital).

## Use of a Common Data Model (CDM)

### CDM mapping

No

## Data quality specifications

**Check conformance**

Unknown

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**Check completeness**

Unknown

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**Check stability**

Unknown

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**Check logical consistency**

Unknown

## Data characterisation

**Data characterisation conducted**

No