# Chronic Kidney Disease Eligible for SGLT2 Inhibitors Through the Integration of Italian Administrative and Primary Care Data

First published: 17/07/2024 Last updated: 17/07/2024



### Administrative details

#### **EU PAS number**

EUPAS100000269

#### Study ID

100000269

#### **DARWIN EU® study**

No

#### **Study countries**

ltaly

### **Study description**

Patients with chronic kidney disease (CKD) can be successfully treated with sodium-glucose cotransporter-2 inhibitors (SGLT2-Is), regardless of diabetes. Fondazione Ricerca e Salute's (ReSD) administrative and Health Search's (HSD) primary care databases were combined in the Database Consortium ReS-HS to quantify and describe patients with CKD potentially eligible for SGLT2-Is and assess costs charged to the Italian National Health Service (SSN). Patients aged  $\geq$ 18 with CKD and estimated glomerular filtration rate (eGFR) <60 ml/min in 2018, without dialysis and/or renal transplantation, were included. HSD was used to develop and validate algorithms for estimating eGFR, based on covariates, within the ReSD. Comorbidities, dispensed drugs, and direct healthcare costs were assessed. In 2018, 66,297 (5.0% of HSD population) and 211,494 (4.4% of ReSD population) patients with CKD potentially eligible for SGLT2-Is were identified (females  $\geq$  58%). Prevalence increased with age with a peak at 75-84 years. Within HSD and ReSD cohorts, respectively: 31.0% and 41.5% had diabetes; in the observation periods, >82% and >96% received  $\geq 1$ pharmacological treatment, of which  $\geq$ 50% and  $\geq$ 25% received cardiovascular/blood agents and antidiabetics, respectively. From ReSD, mean per capita direct SSN cost was € 3,825 (CI 95%, € 3,655-€ 4,000): 50.1% due to hospitalizations, and 40.2% to pharmaceuticals (31.6% to cardiovascular drugs and 10.1% to antidiabetics).

#### Study status

Finalised

### Research institutions and networks

Institutions

## Health Search, Italian College of General Practicioners

ltaly

First published: 02/03/2010

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Institution	<b>Educational Institution</b>	) (	Other	)

Fondazione ReS (Ricerca e Salute), CINECA partner

Italy

First published: 05/07/2017

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Institution	Not-for-profit	) (	ENCePP partner

## Contact details

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Study contact

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**Primary lead investigator** Letizia Dondi

### Study timelines

**Date when funding contract was signed** Actual: 16/10/2022

### Study start date

Actual: 16/03/2023

Date of final study report Actual: 16/07/2023

### Sources of funding

• Pharmaceutical company and other private sector

### More details on funding

Astra Zeneca SpA

## Regulatory

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

No

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

Not applicable

### Methodological aspects

### Study type

### **Study topic:**

Disease /health condition Human medicinal product

### Study type:

Non-interventional study

### Scope of the study: Drug utilisation Healthcare resource utilisation

**Data collection methods:** Secondary use of data

### Study design:

Retrospective longitudinal cohort study

### Main study objective:

To quantify and describe patients with CKD potentially eligible for SGLT2-Is and assess costs charged to the Italian National Health Service (SSN).

## Study Design

### Non-interventional study design

Cohort

Cross-sectional

## 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

### Medical condition to be studied

Chronic kidney disease

## Population studied

### Short description of the study population

Among patients aged  $\geq$ 18, alive by the end of 2018 and analyzable until 2013, with CKD and potentially eligible for SGLT2-Is

### Age groups

Adult and elderly population ( $\geq$ 18 years) Adults (18 to < 65 years) Adults (18 to < 46 years) Adults (46 to < 65 years) Elderly ( $\geq$  65 years) Adults (65 to < 75 years) Adults (75 to < 85 years) Adults (85 years and over)

## Study design details

#### Setting

In-hospital and local outpatient setting in public and affiliated with SSN facilities for the database of Fondazione ReS. Primary care for the Health Search

#### Summary results

In 2018, 66,297 (5.0% of HSD population) and 211,494 (4.4% of ReSD population) patients with CKD potentially eligible for SGLT2-Is were identified (females  $\geq$ 58%). Prevalence increased with age with a peak at 75-84 years. Within HSD and ReSD cohorts, respectively: 31.0% and 41.5% had diabetes; in the observation periods, >82% and >96% received  $\geq$ 1 pharmacological treatment, of which  $\geq$ 50% and  $\geq$ 25% received cardiovascular/blood agents and antidiabetics, respectively. From ReSD, mean per capita direct SSN cost was € 3,825 (CI 95%, € 3,655-€ 4,000): 50.1% due to hospitalizations, and 40.2% to pharmaceuticals (31.6% to cardiovascular drugs and 10.1% to antidiabetics).

### Documents

#### **Study publications**

Chronic Kidney Disease Eligible for SGLT2 Inhibitors Through the Integration of...

### Data management

### Data sources

#### Data source(s)

Database of Fondazione ReS

Health Search/IQVIA Health Longitudinal Patient Database

### Data sources (types)

Administrative healthcare records (e.g., claims) Electronic healthcare records (EHR)

### Use of a Common Data Model (CDM)

### **CDM** mapping

No

## Data quality specifications

#### **Check conformance**

Yes

#### **Check completeness**

Yes

#### **Check stability**

Yes

### **Check logical consistency**

Yes

### Data characterisation

#### **Data characterisation conducted**

Yes