

JARDIANCE helps keep patients out of the hospital by reducing the risk of first and recurrent hospitalization^{1*}



* Hospitalization for any cause was a key secondary outcome of the EMPA-KIDNEY trial. The analysis of hospitalizations for any cause included the first and all subsequent events.

† Standard of care: All patients received a RAASi unless an investigator judged that a RAASi was not indicated or tolerated.

Fewer hospitalizations with JARDIANCE:

- In the JARDIANCE group, 1611 hospitalizations occurred in 960 patients (24.8 events/100 patient-years)
- In the placebo group, 1895 hospitalizations occurred in 1035 patients (29.2 events/100 patient-years)

Trial Design

ARR=absolute risk reduction; ASCVD=atherosclerotic cardiovascular disease; CKD=chronic kidney disease; CV=cardiovascular; eGFR=estimated glomerular filtration; ESKD=end-stage kidney disease; HR=hazard ratio; IV=intravenous; NNT=number needed to treat; RAASi=renin-angiotensin-aldosterone system inhibitor; RRR=relative risk reduction; SGLT2i=sodium glucose cotransporter 2 inhibitor; T1D=type 1 diabetes; T2D=type 2 diabetes; uACR=urinary albumin-to-creatinine ratio.

References

1. Herrington WG, Staplin N, Wanner C, et al; EMPA-KIDNEY Collaborative Group. Empagliflozin in patients with chronic kidney disease. *N Engl J Med*. 2023;388:117-127.
2. EMPA-KIDNEY Collaborative Group. Design, recruitment and baseline characteristics of the EMPA-KIDNEY trial. *Nephrol Dial Transplant*. 2022;37:1317-1329. (EMPA-KIDNEY trial design and the publication's Supplementary Appendix).
3. Eli Lilly and Co. Landmark EMPA-KIDNEY trial showed a significant benefit of Jardiance® in reducing kidney disease progression or cardiovascular death by 28% vs placebo in people with chronic kidney disease [News release]. November 4, 2022. Accessed December 12, 2022. <https://investor.lilly.com/node/47876.pdf>.

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