LEGEND-T2DM Evidence Dissemination Summary

Target: sitagliptin, Comparator: dapagliflozin Outcome: Hospitalization with heart failure

How Often? (Incidence rates in the PS-matched target cohorts)

Data source	Persons exposed	Person-time (yrs)	Persons with outcome	IR (/1,000 PY)
IQVIA DA Germany	17,552	18,535	0	0.00
IQVIA LDP France	-	-	-	-
IQVIA Open Claims	599,165	531,197	5,318	10.01
Merative CCAE	45,636	37,858	201	5.31
Merative MDCD	6,225	4,227	100	23.66
Merative MDCR	6,857	5,601	163	29.10
Optum Clinformatics	23,149	18,207	523	28.73
Optum EHR	55,752	26,473	370	13.98
Veterans Affairs	-	-	-	-

How Reliable Are the Effect Estimates? (Objective diagnostics) ■ Comparator ■ Targe ■ Before ■ After MDRR Negative control · Calibrated estimate IQVIA DA Germany **IQVIA LDP France** 1.25 (1.11 – 1.40) Equipoise = 0.65 Max ASDM = 0.06MDRR = 1.1**IQVIA Open Claims** Н 1.09 (0.73 - 1.63) Max ASDM = 0.05MDRR = 1.5 Equipoise = 0.78 Merative CCAE MDRR = 2.1 EASE = 0.12 1.93 (0.80 - 4.65) Equipoise = 0.53 Max ASDM = 0.13Merative MDCD Max ASDM = 0.16MDRR = 1.9 Equipoise = 0.40EASE = 0.09 1.30(0.65 - 2.58)Merative MDCR EASE = 0.04 Equipoise = 0.27 Max ASDM = 0.07MDRR = 1.41.46(1.00 - 2.15)**Optum Clinformatics** Equipoise = 0.67 Max ASDM = 0.06MDRR = 1.51.12 (0.71 - 1.76) Optum EHR Veterans Affairs 0.0 0.5 1.0 0 0.15 2 2 0.5 10 0.5 0.5 Preference score **ASDM MDRR** Hazard ratio Hazard ratio

What have we learned from the OHDSI Network? (Meta-analysis diagnostics and estimate)

