LEGEND-T2DM Evidence Dissemination Summary

Target: saxagliptin, Comparator: sitagliptin Outcome: Joint pain

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	1,009	1,176	24	20.41
IQVIA LDP France	-	-	-	-
IQVIA Open Claims	-	-	-	-
Merative CCAE	10,971	8,523	87	10.21
Merative MDCD	-	-	-	-
Merative MDCR	1,365	1,240	71	57.27
Optum Clinformatics	7,565	6,396	245	38.31
Optum EHR	5,944	2,099	24	11.44
Veterans Affairs	3,869	3,745	33	8.81

How Reliable Are the Effect Estimates? (Objective diagnostics) Comparator Targe ■ Before ■ After MDRR Negative control Calibrated estimate Equipoise = 0.49 Max ASDM = 0.12MDRR = 1.8EASE = 0.061.00(0.63 - 1.60)**IQVIA DA Germany** IQVIA LDP France **IQVIA Open Claims** Max ASDM = 0.04MDRR = 1.41.05 (0.76 - 1.46) Equipoise = 0.42 Merative CCAE Merative MDCD 0.98(0.71 - 1.36)Max ASDM = 0.11MDRR = 1.5 Equipoise = 0.57Merative MDCR 1.08(0.87 - 1.34)Equipoise = 0.47 Max ASDM = 0.05MDRR = 1.3**Optum Clinformatics** Equipoise = 0.47 Max ASDM = 0.10MDRR = 1.60.85(0.50 - 1.44)Optum EHR Equipoise = 0.16Max ASDM = 0.30MDRR = 6.61.66(0.40 - 6.88)Veterans Affairs 0.0 0.5 0 0.15 1.0 0.5 0.5 10 Preference score **ASDM MDRR** Hazard ratio Hazard ratio

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

