LEGEND-T2DM Evidence Dissemination Summary

Target: saxagliptin, Comparator: dapagliflozin Outcome: Acute renal 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	588	615	0	0.00
IQVIA LDP France	-	-	-	-
IQVIA Open Claims	29,907	22,069	240	10.88
Merative CCAE	2,056	1,413	13	9.20
Merative MDCD	-	-	-	-
Merative MDCR	196	137	<5	<36.51
Optum Clinformatics	2,024	1,509	30	19.89
Optum EHR	2,437	876	17	19.40
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 Equipoise = 0.30Max ASDM = 0.04MDRR = 1.21.43(1.15 - 1.77)**IQVIA Open Claims** MDRR = 2.41.89(0.73 - 4.92)Equipoise = 0.20 Max ASDM = 0.10Merative CCAE Merative MDCD Max ASDM = 0.42MDRR = 5.73.72(0.30 - 46.06)Equipoise = 0.14Merative MDCR MDRR = 1.8 1.41 (0.62 – 3.21) Equipoise = 0.14 Max ASDM = 0.17**Optum Clinformatics** Max ASDM = 0.17MDRR = 2.71.79(0.80 - 4.01)Optum EHR Veterans Affairs 0.0 0.5 0 0.15 2 1.0 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) MDRR Negative control Estimate · Calibrated estimate

