DUAL VIII: more patients met treatment targets with IDegLira (insulin degludec/liraglutide) vs. IGlar U100 by Week 26 in a 104-week randomised trial mirroring clinical practice

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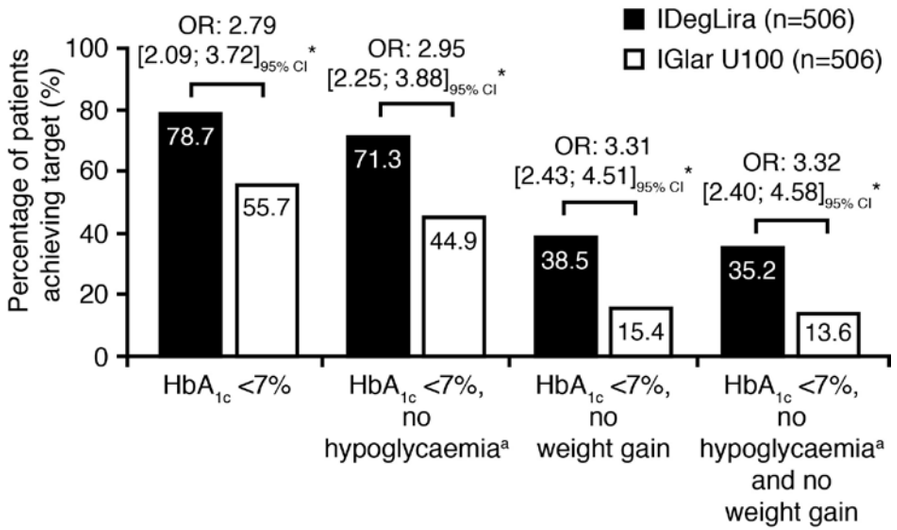
Background and aims: In randomised treat-to-target trials, titration is monitored closely and frequently by trial staff. However, in the 104-week DUAL VIII treat-to-target trial - comparing the durability of glycaemic control beyond 26 weeks of treatment with insulin degludec/liraglutide (IDegLira) vs. insulin glargine 100 units/mL (IGlar U100) in patients with type 2 diabetes (T2D) uncontrolled on oral antidiabetic drugs (OADs) - titration was guided by the investigator over fewer visits, mirroring clinical practice. We report efficacy and safety data at Week 26 to assess whether the benefits of IDegLira over IGlar U100 as an initial injectable therapy are observed in a durability trial resembling recommended routine clinical practice.

Materials and methods: Patients (N=1012) with T2D uncontrolled on a broad range of OADs were randomised 1:1 to open-label IDegLira or IGlar U100. Starting dose was 10 U for both; only IDegLira had a maximum dose (50 U). Patients were instructed to titrate twice weekly to a fasting glucose target of 4–5 mmol/L, and guidance on the prespecified algorithm was at the investigator's discretion. Visits were scheduled at Weeks 1, 2, 4 and 12 and every three months thereafter, as recommended in current guidelines. We report Week 26 data.

Results: Baseline characteristics were similar and representative of patients eligible for basal insulin initiation (overall mean diabetes duration: 10 years, HbA_{1c}: 8.5%, FPG: 10 mmol/L). After 26 weeks, least squares (LS) mean HbA_{1c} reductions were significantly greater with IDegLira versus IGlar U100 (–2.0% vs. –1.5%, estimated treatment difference [ETD], [95% CI]: –0.47% [–0.58; –0.36]), as were the odds of patients achieving HbA_{1c} targets and the composite endpoints of HbA_{1c} targets without weight gain and/or hypoglycaemia after 26 weeks (**Figure**). Daily insulin dose was lower with IDegLira (35.4 U) vs. IGlar U100 (48.4 U). LS mean change from baseline in body weight was 0.5 kg with IDegLira and 2.1 kg with IGlar U100 (ETD: –1.57 kg [–2.00; –1.13]). Hypoglycaemia rates were 44% lower with IDegLira vs. IGlar U100 (rate ratio: 0.56 [0.39; 0.82]). There were no unexpected safety findings.

Conclusion: After 26 weeks of treatment in a trial set-up resembling recommended clinical practice, more patients met HbA_{1c} targets without weight gain and/or hypoglycaemia with IDegLira vs. IGlar U100, and with a lower insulin dose. These data support the use of IDegLira as a first injectable therapy for patients with T2D eligible for basal insulin initiation.

Percentage of patients achieving treatment targets with IDegLira compared with IGlar U100 at Week 26 of DUAL VIII



%, based on observed data. ORs (IDegLira/IGlar U100) are from a logistic regression model with treatment, baseline HbA_{1c} group, pre-trial OAD and region as factors and baseline HbA_{1c} (and body weight for endpoints including 'without weight gain') as covariate. *Statistically significant difference (in favour of IDegLira). [a]Severe or blood glucose-confirmed (<3.1 mmol/L) symptomatic hypoglycaemia was based on hypoglycaemic episodes during a patient's last 12 weeks of treatment.
IDegLira, insulin degludec/liraglutide; IGlar U100, insulin glargine 100 units/mL; OAD, oral antidiabetic drug; OR, odds ratio.

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