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SHORT META-ANALYSIS · Peer-reviewed · Published · Computed forest plot

Sotagliflozin SGLT1/2i: A Transparent Living Meta-Analysis v13

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KEY WORDS Heart Failure; SGLT2 Inhibitors; meta-analysis; randomised trials

Abstract

Patients with type 2 diabetes or recent worsening heart failure remain at high cardiovascular risk; does the use of Sotagliflozin across both settings help to reduce this? This living meta-analysis included 11,806 participants from the randomized placebo-controlled SCORED and SOLOIST-WHF trials. Hazard ratios were combined using inverse-variance fixed-effect modelling on the logarithmic scale. The pooled estimate for the primary cardiovascular composite outcome was 0.72 (95% CI 0.63–0.82) without observed heterogeneity (I^2 = 0%). Both trials individually supported Sotagliflozin, with SCORED reporting a hazard ratio of 0.74 and SOLOIST-WHF reporting 0.67. These findings suggest that Sotagliflozin lowers cardiovascular event risk by nearly twenty-eight percent in chronic diabetes and recently decompensated heart failure populations. Interpretation should consider possible variation during post-discharge treatment periods, the early termination of SOLOIST-WHF as well as the need for continued surveillance of ketoacidosis ri

Forest plot and risk of bias

This is a comparative meta-analysis of two randomised, placebo-controlled trials of sotagliflozin (SCORED and SOLOIST-WHF; 11,806 participants). The figures below are rendered directly from the living dashboard's per-trial data: each trial's published hazard ratio is plotted, and the pooled diamond is an independent inverse-variance recompute that reproduces the dashboard's headline estimate (HR 0.72, 95% CI 0.63–0.82, I^2 = 0%; analysed arms sum to 11,806). **Living dashboard:** https://mahmood726-cyber.github.io/Sotagliflozin-LivingMeta/

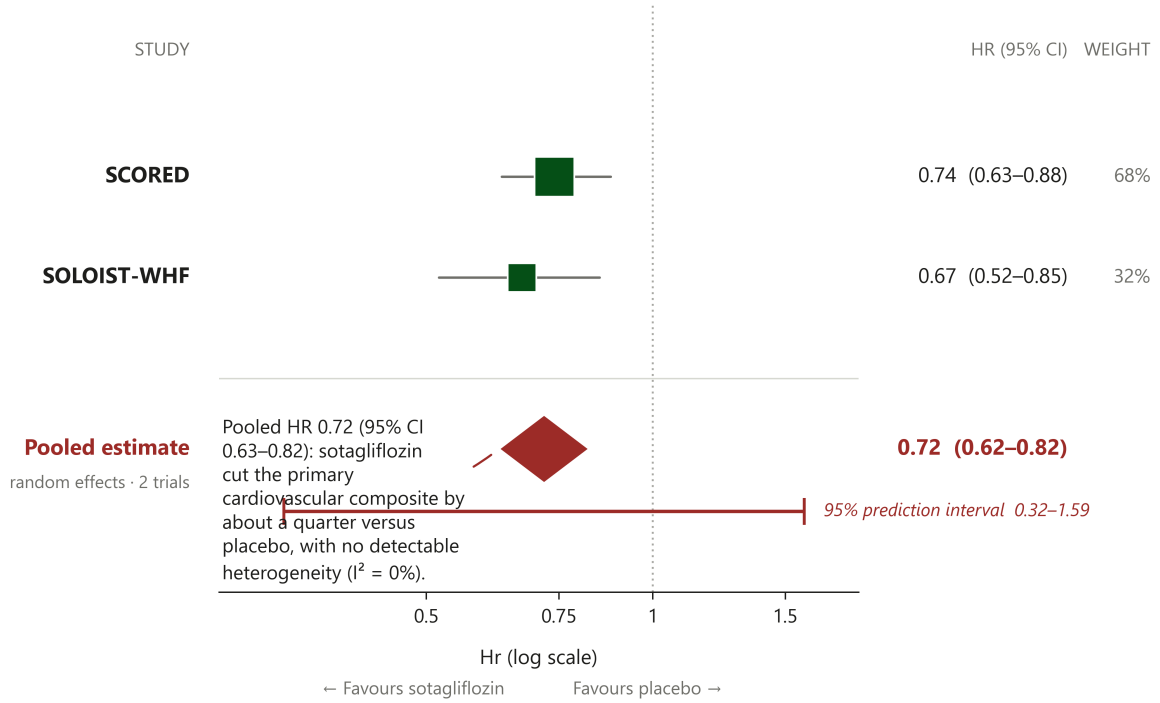

Figure 1. Forest plot of the primary cardiovascular composite outcome. Per-trial hazard ratios (95% CI) are the published SCORED (0.74, 0.63–0.88) and SOLOIST-WHF (0.67, 0.52–0.85) values entered in the living dashboard; the pooled diamond is an inverse-variance synthesis on the log-hazard scale (REML). With $I^2 = 0\%$ this coincides with the fixed-effect estimate reported in the abstract: HR 0.72 (95% CI 0.63–0.82).

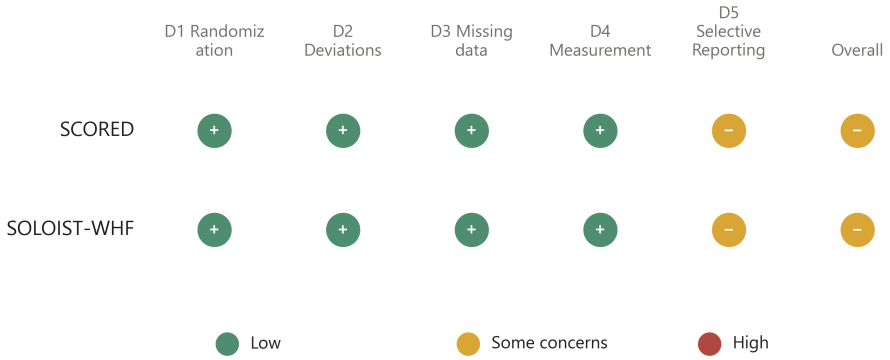

Figure 2. Risk-of-bias summary (RoB 2 domains). Domain-level risk-of-bias judgements for each included randomised trial.

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Reproducibility & data provenance. The forest plot is computed from the two trials' published hazard ratios as entered in the living dashboard (SCORED: Bhatt DL et al., N Engl J Med 2021; SOLOIST-WHF: Bhatt DL et al., N Engl J Med 2021). The pooled estimate is an independent inverse-variance synthesis on the log-hazard scale that reproduces the dashboard's published value (HR 0.72, 95% CI 0.63–0.82, $I^2 = 0\%$); with no heterogeneity it coincides with the fixed-effect estimate stated in the abstract. The article text, authors, abstract, issue and licence follow the journal's published record.

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