

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

Patients with type 2 diabetes or recent worsening heart failure remain at high cardiovascular risk ; does the use of S otagliflozin 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 S otagliflozin , with SCORED reporting a hazard ratio of 0.74 and SOLOIST-WHF reporting 0.67. These findings suggest that S otagliflozin 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

## References

1. SCORED and SOLOIST-WHF randomised trials of sotagliflozin (SGLT1/2 inhibition), via ClinicalTrials.gov.