

# **POST-CABGDM**

**CLINICAL TRIAL SUMMARY**

**Presenters**

University of Sao Paulo General Hospital

**Objectives**

To evaluate the efficacy and safety of empagliflozin in patients with type 2 diabetes mellitus (T2DM) undergoing elective on-pump coronary artery bypass grafting (CABG)..

<https://clinicaltrials.gov/study/NCT04523064>

**TRIAL  
DESIGN**

Investigator-initiated, Pragmatic, Single-center, Randomized,  
Open-label Trial With Blinded Outcome Adjudication

**SAMPLE  
SIZE**

145 patients with T2DM

**INCLUSION CRITERIA**

- Age > 18
- Type 2 diabetes mellitus
- Multivessel CAD documented by coronary angiography with formal indication for CRM.

## METHODOLOGY

- A total of 145 patients with type 2 diabetes scheduled for elective on-pump CABG were randomized to receive either empagliflozin 25 mg daily plus standard care for at least 3 months (discontinued 72 hours before surgery; n = 71) or standard care alone (n = 74).
- The primary outcome was the incidence of postoperative acute kidney injury (AKI) within 7 days, based on creatinine criteria from AKIN, RIFLE, or KDIGO.
- Secondary outcomes included 30-day postoperative atrial fibrillation and type 5 myocardial infarction.
- Safety outcomes assessed within 30 days post-CABG included ketoacidosis, urinary tract infection, hospital-acquired pneumonia, and wound infection.

## RESULTS

Acute kidney injury (AKI) occurred in 22.5% of patients in the empagliflozin group compared to 39.1% in the control group (relative risk [RR] 0.57; 95% CI 0.34–0.96; P = 0.03).

Rates of atrial fibrillation (15.4% vs. 13.5%; RR 1.15; 95% CI 0.52–2.53; P = 0.73) and type 5 myocardial infarction (1.4% vs. 4.1%; RR 0.35; 95% CI 0.04–3.26; P = 0.62) did not differ significantly between groups.

No significant differences in safety outcomes were noted. All three reported deaths occurred in the control group.

## CONCLUSION

---

Preoperative use of empagliflozin in patients with T2DM undergoing on-pump CABG was linked to a lower risk of postoperative AKI without increasing adverse events. Further large-scale trials are needed to validate these findings.