SOUL

CLINICAL TRIAL SUMMARY

Presenters	Novo Nordisk A/S
Objectives	To assess the cardiovascular efficacy of oral semaglutide in individuals with type 2 diabetes and established atherosclerotic cardiovascular disease, chronic kidney disease, or both.

Source: https://clinicaltrials.gov/study/NCT03914326

TRIAL DESIGN

Double-blind, placebo-controlled, event-driven, superiority trial

SAMPLE SIZE

9650 participants were randomized to receive either semaglutide or placebo

INCLUSION CRITERIA

- Age equal to or above 50 years
- Diagnosed with type 2 diabetes mellitus (HbA1c 6.5% - 10.0%)
- At least one among the coronary heart disease, cerebrovascular disease, symptomatic peripheral artery disease, or chronic kidney disease.

METHODOLOGY

- 9560 patients were randomized to receive either once-daily oral semaglutide (maximal dose, 14 mg) or placebo, in addition to standard care (n=4825 in both groups)

- The primary outcome was major adverse cardiovascular events, defined as a composite of cardiovascular death, nonfatal myocardial infarction, or nonfatal stroke. Confirmatory secondary outcomes included major kidney disease events.

RESULTS

Primary outcome was reported in 12% patients in the oral semaglutide group (3.1 events per 100 person-years) and in 13.8% in the placebo group (3.7 events per 100 person-years) (hazard ratio, 0.86). The study reported no significant difference in the confirmatory secondary outcomes between the groups.

The incidences of serious adverse events were 47.9% and 50.3% in the oral semaglutide group and placebo group, respectively, with the incidence of gastrointestinal disorders of 5.0% in the oral semaglutide group and 4.4% in the placebo group.

CONCLUSION

In individuals with type 2 diabetes and atherosclerotic cardiovascular disease, chronic kidney disease, or both, oral semaglutide significantly reduced the risk of major adverse cardiovascular events compared to placebo, without increasing the incidence of serious adverse events.

McGuire DK, Marx N, Mulvagh SL, et al. Oral Semaglutide and Cardiovascular Outcomes in High-Risk Type 2 Diabetes. *N Engl J Med*. Published online March 29, 2025. doi:10.1056/NEJMoa2501006