SGLT2 INHIBITORS: CARDIORENAL BENEFIT SUMMARY

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	CARDIOVASCULAR	HEART FAILURE	RENAL
CANAGLIFLOZIN	**FDA-APPROVED BENEFIT**  **Evidence:** Lower rate of MACE composite • Individual components NSD **Population:** T2DM with ASCVD or mult. RFs **Trial:** CANVAS Program (2017)	**EVIDENCE OF BENEFIT**  **Evidence:** Lower rate of HF hospitalization • Not primary outcome of trial **Population:** T2DM with ASCVD or mult. RFs **Trial:** CANVAS Program (2017)	**FDA-APPROVED OF BENEFIT**  **Evidence:** Lower rate of renal composite • Primary benefit slowing CKD progression • Mortality benefit not demonstrated **Population:** T2DM with CKD plus albuminuria receiving ACEi or ARB therapy **Trial:** CREDENCE (2019)
DAPAGLIFLOZIN	**NEUTRAL EFFECT**  **Evidence:** Similar rate of MACE composite • Individual components NSD **Population:** T2DM with ASCVD or mult. RFs **Trial:** DECLARE-TIMI 58 (2019)	**FDA-APPROVED BENEFIT**  **Evidence:** Lower rate of HF hospitalization and cardiovascular death composite • Morbidity and mortality benefit w/ HFrEF • Only morbidity benefit w/ HFpEF **Population:** Heart failure with/without T2DM **Trials:** DAPA-HF (2019) and DELIVER (2022)	**FDA-APPROVED OF BENEFIT**  **Evidence:** Lower rate of renal composite • Primary benefit slowing CKD progression • Mortality benefit not demonstrated **Population:** CKD (with/without T2DM) plus albuminuria receiving ACEi or ARB therapy **Trial:** DAPA-CKD (2020)
EMPAGLIFLOZIN	**FDA-APPROVED BENEFIT**  **Evidence:** Lower rate of MACE composite • Mortality benefit demonstrated **Population:** T2DM with ASCVD **Trial:** EMPA-REG OUTCOME (2016)	**FDA-APPROVED BENEFIT**  **Evidence:** Lower rate of HF hospitalization and cardiovascular death composite • Only morbidity benefit demonstrated (HFrEF or HFpEF) **Population:** Heart failure with/without T2DM **Trials:** EMPEROR-Reduced (2020) and EMPEROR-Preserved (2021)	**FDA-APPROVED OF BENEFIT**  **Evidence:** Lower rate of renal composite • Primary benefit slowing CKD progression • Mortality benefit not demonstrated **Population:** CKD (with/without T2DM) plus albuminuria receiving ACEi or ARB therapy **Trial:** EMPA-KIDNEY (2023)

Adapted from Table 9.2 of the 2025 American Diabetes Association Standards of Care

All mentioned evidence is sources from randomized-controlled trials comparing SGLT2i to placebo. Within each benefit group (e.g., cardiovascular, heart failure, renal) the included SGLT2is are given a ranking of bronze, silver, or gold based on the level of benefit demonstrated (e.g., neutral, morbidity only, morbidity and mortality). These rankings are subjective and are not a substitute for medical advice.

CKD: chronic kidney disease **HFpEF:** heart failure preserved ejection fraction **HF:** heart failure **HFrEF:** heart failure reduced ejection fraction **MACE:** major adverse cardiac events (e.g., cardiovascular death, myocardial infarction, and stroke)
NSD: not significantly different **Renal composite:** end-stage renal disease, sustained renal function decline from baseline or cardiovascular/renal death **RFs:** risk factors