

Professor Naveed Sattar

BIOGRAPHY



Professor of Metabolic
Medicine, OCDEM,
University of Oxford

Naveed Sattar is an academic (active clinically) experienced in biomarker studies/trials investigating the causes, prevention and management of diabetes, obesity and heart disease. He has authored or co-authored over 650 published papers, has received several national and international prizes for his research, and is in the top 1% of cited clinical academics in the world according to the Thomson Reuters 2016 Highly Cited Researcher list.

He has been on several national and international guideline committees, including Joint British Societies 3 CVD prevention recommendations, SIGN obesity and CVD prevention guidelines (as Chair), and European CVD prevention guidelines. He is currently involved in several lifestyle and drug trials in diabetes and CVD and leads on biomarker initiatives in other trials. He is also on editorial or international advisory boards for *Diabetologia*, *Lancet Diabetes and Endocrinology*, *BMC Medicine* and UK Biobank, and is an Associate Editor for *Circulation*.

Qualifications

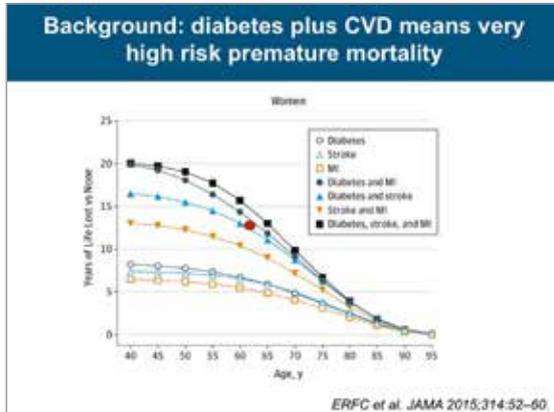
Date	Degree	University/Institution
2016	FMedSci	Academy of Medical Sciences
2012	FRSE	Royal Society of Edinburgh
2006	FRCP (Glasg)	Royal College Physicians and Surgeons, Glasgow
2005	FRCPATH	Royal College Pathologists
1998	PhD	University of Glasgow
1990	MBChB	University of Glasgow

ABSTRACT

SGLT2 inhibition in cardiology: What a cardiologist needs to know

We know now that SGLT2 inhibitors, drugs designed to lessen glucose by influencing renal glucose handling, lessen cardiovascular outcomes and do so in conjunction with profound effects on the risk for heart failure hospitalisation, as well as notable effects to lessen renal function deterioration. Empagliflozin also lessened CVD and all cause death by around a third. The results for EMPAREG Outcomes in particular were therefore sufficiently impressive to lead to changes in clinical guidance such that diabetes patients who also have CVD are now recommended to be on such drugs. This talk will review the EMPAREG Outcome trial data and also the arising clinical implications for cardiologists both in terms of looking for diabetes and new ways to lessen CVD risk in their diabetes patients. It will also briefly touch on potential mechanisms for such effects.

Reading: Novel Diabetes Drugs and the Cardiovascular Specialist by Sattar et al *J Am Coll Cardiol* 2017;69:2646–56



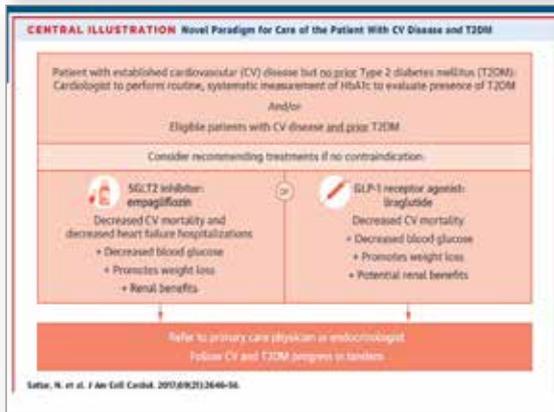
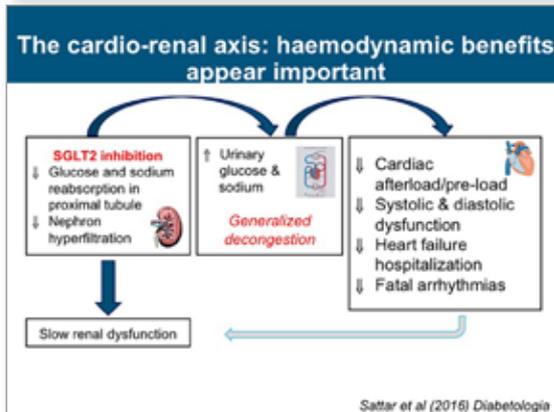
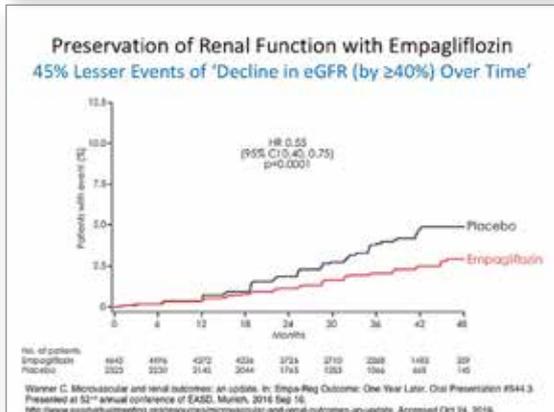
- ### Baseline Characteristics - EMPAREG
- Average age ~63
 - BMI 30.7
 - HbA1c ~8.07%
 - SBP 135 mmHg
 - ~26% eGFR <60 / ~10% CHF
 - 3.1 years mean duration follow-up trial

CV Outcomes: Relative Risk Reductions

Blue Boxes Imply Significant Outcomes; This is Not a Head-to-Head Comparison

	EMPA-REG OUTCOME	Pooled CANVAS Program
3P-MACE	14% (HR 0.86, 95%CI 0.74-0.99)	14%* (HR 0.86, 95%CI 0.75-0.97)
4P-MACE	HR 0.89, p=0.08	N/a
CV Death	18% (HR 0.62, p <0.001)	13% (HR 0.87, 95%CI 0.72-1.06)
All-cause Death	32% (HR 0.68, p <0.001)	13% (HR 0.87, 95%CI 0.74-1.01)
Nonfatal MI	13% (HR 0.87, 95%CI 0.7-1.09)	15% (HR 0.85, 95%CI 0.69-1.05)
Nonfatal Stroke	HR 1.24 (95%CI 0.92-1.67)	HR 0.90 (95%CI 0.71-1.15)
HFr or CV Death	34% (HR 0.66, 95%CI 0.55-0.79)	22% (HR 0.78, 95%CI 0.67-0.91)

* Analysis not powered to detect superiority for 3P MACE



Presentations will be available at www.pace-cme.org