





Participant Newsletter Autumn 2022

4th November 2022

Dear EMPA-KIDNEY participants,

Thank you very much for participating in the EMPA-KIDNEY trial. The trial has just reported its results on November 4th in Orlando, Florida at the American Society of Nephrology annual meeting.

The trial started in 2019 and recruited 6609 participants from 240 hospitals in 8 countries. The final study visit was completed in July this year and since then we have been busy analysing the data and preparing to share them publicly. We designed the trial to ensure that participants had a wide variety of different types and severities of chronic kidney disease. This is one reason why these results are so important.

As you may remember, participants like you were randomly allocated (like tossing a coin) to receive either active empagliflozin or a dummy pill (placebo). You were seen regularly in the study clinic and blood samples were taken at every visit to measure your kidney function.



The primary aim of the trial was to assess whether empagliflozin could reduce the risk of worsening of kidney disease or death from heart disease. We are very pleased to announce that empagliflozin was indeed identified to result in major health benefits.





558 of 3305 participants (about 17%) in the placebo group had worsening of their kidney disease or died from heart disease, whereas only 432 of 3304 participants (about 13%) of those in the empagliflozin group did. Really importantly, we found good evidence that empagliflozin could slow the rate at which participants' kidney function declined and delay the need for dialysis or a kidney transplant. Empagliflozin is known to have some rare side effects, in particular a condition called ketoacidosis which almost exclusively affects people with diabetes. However, the increased risk of this was much smaller than the benefits described above. We found no other new serious side effects.



These results will now be shared with government bodies who will consider them and decide who to recommend treatment for.

Please do speak to your kidney doctor about whether you should start taking a drug like empagliflozin, as they are already recommended for some patients with kidney disease.



There is much more information about the trial on our website (www.empakidney.org). Thank you very much again for participating in EMPA-KIDNEY. These results are going to benefit millions of people worldwide, but trials like this rely on people like you volunteering and being willing to participate.

With our very best wishes,

William Herryto

Assoc. Professor William G.Herrington

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Kided Hay

EMPA-KIDNEY Co-Principal Investigators