

SUPPLEMENTAL APPENDIX

Cardiorenal outcomes with ertugliflozin by baseline glucose-lowering agent: An analysis from VERTIS CV

Samuel Dagogo-Jack, MD, DSc^{1*}, Christopher P. Cannon, MD², David Z.I. Cherney, MD, PhD³, Francesco Cosentino, MD, PhD⁴, Jie Liu, MD⁵, Annpey Pong, PhD⁵, Ira Gantz, MD⁵, Robert Frederich, MD⁶, James P. Mancuso, PhD⁷, Richard E. Pratley, MD⁸

¹University of Tennessee Health Science Center, Memphis, Tennessee, USA

²Cardiovascular Division, Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts, USA

³University of Toronto, Toronto, Ontario, Canada

⁴Unit of Cardiology, Karolinska Institute & Karolinska University Hospital, Stockholm, Sweden

⁵Merck & Co., Inc., Kenilworth, New Jersey, USA

⁶Pfizer Inc., Collegeville, Pennsylvania, USA

⁷Pfizer Inc., Groton, Connecticut, USA

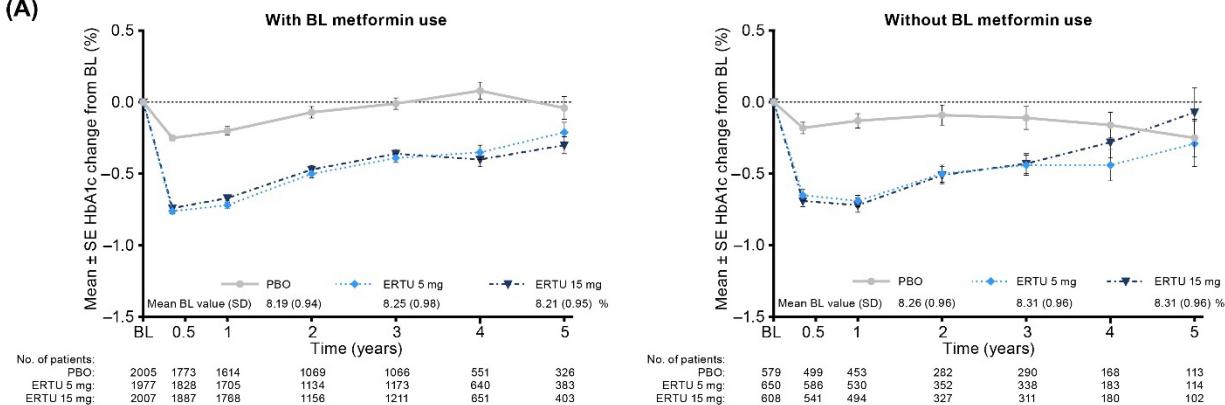
⁸AdventHealth Translational Research Institute, Orlando, Florida, USA

CONTENTS

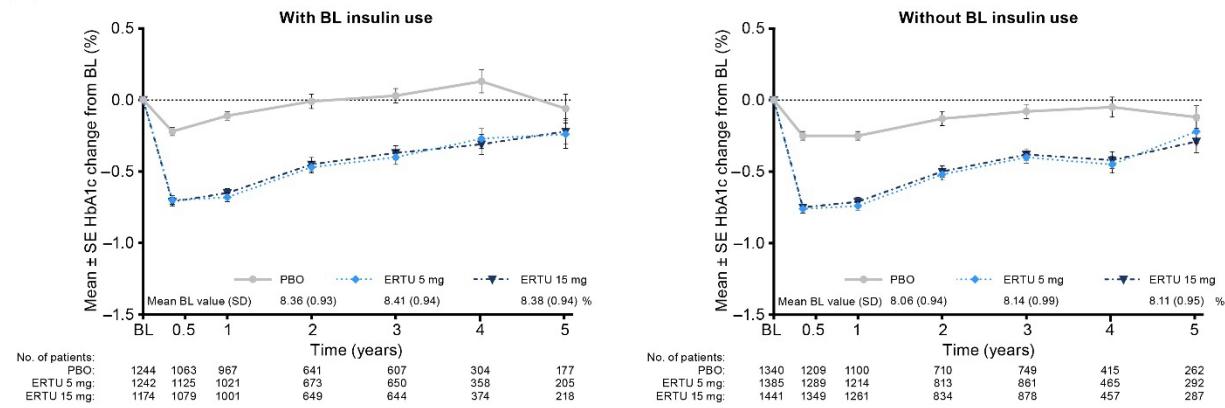
FIGURE S1 Changes in HbA1c over time with ertugliflozin versus placebo by baseline (A) metformin, (B) insulin, (C) SU and (D) DPP-4 inhibitor use.	2
FIGURE S2 Changes in body weight over time with ertugliflozin versus placebo by baseline (A) metformin, (B) insulin, (C) SU and (D) DPP-4 inhibitor use.	4
FIGURE S3 Changes in SBP over time with ertugliflozin versus placebo by baseline (A) metformin, (B) insulin, (C) SU and (D) DPP-4 inhibitor use.	6
FIGURE S4 Changes in UACR over time with ertugliflozin versus placebo by baseline (A) metformin, (B) insulin, (C) SU and (D) DPP-4 inhibitor use.	8

FIGURE S1 Changes in HbA1c over time with ertugliflozin versus placebo by baseline (A) metformin, (B) insulin, (C) SU and (D) DPP-4 inhibitor use.

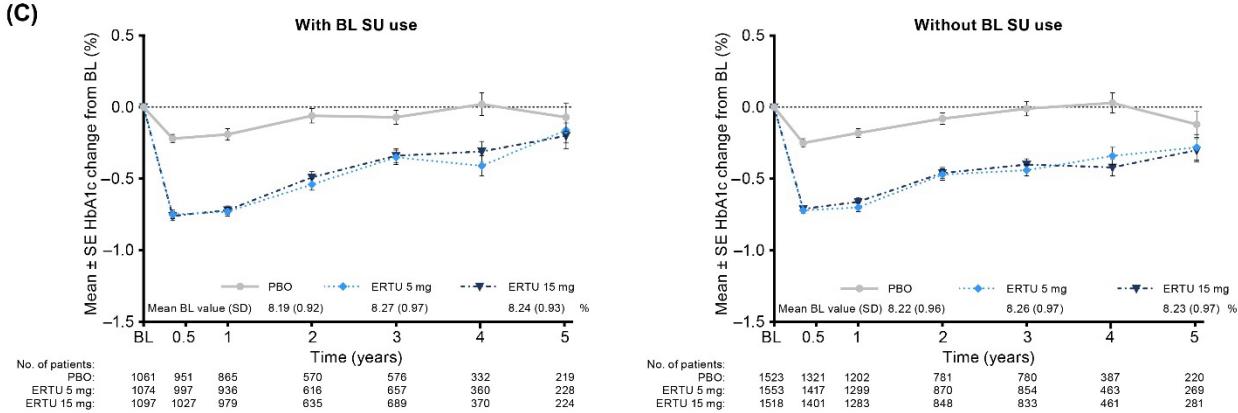
(A)



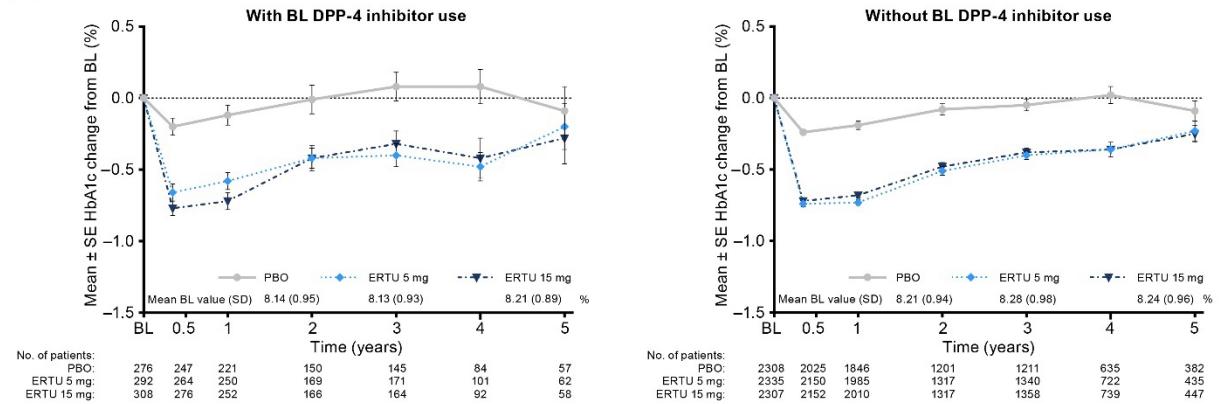
(B)



(C)



(D)

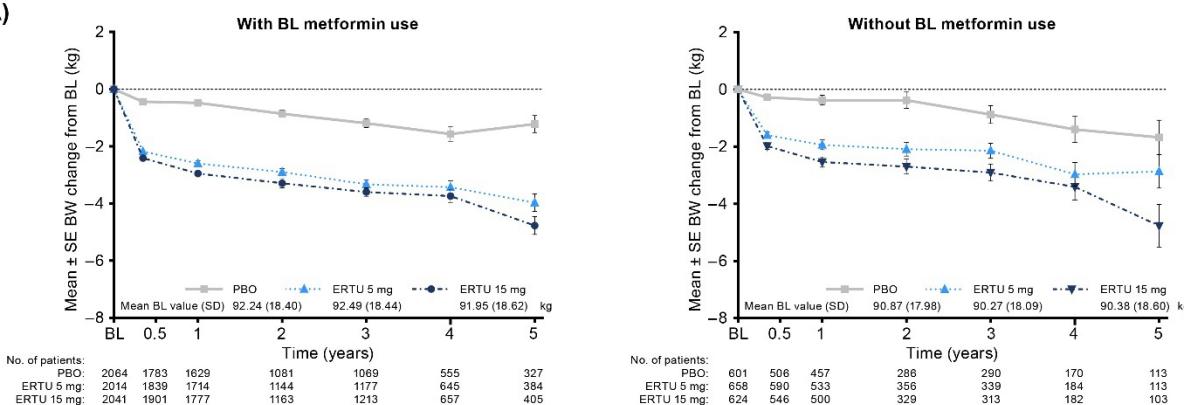


N is the number of patients without missing data at each time point.

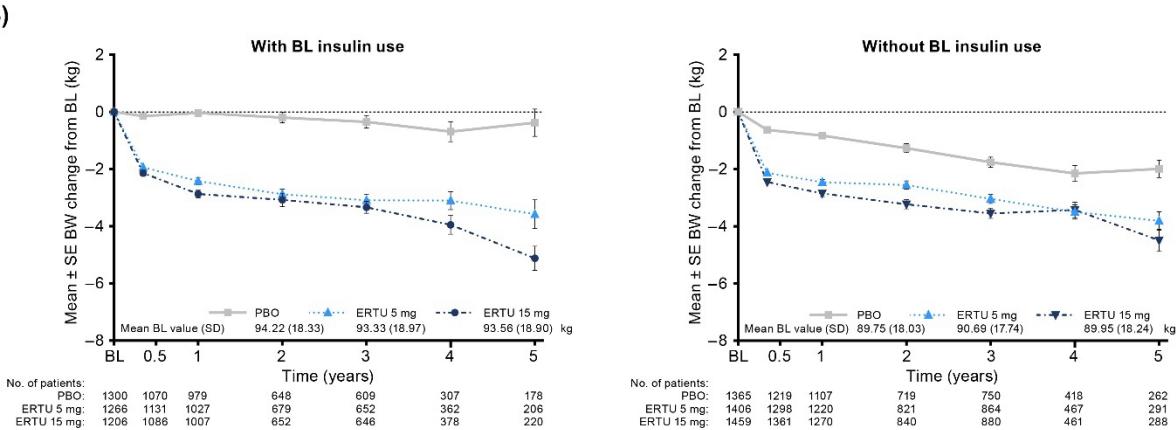
BL, baseline; DPP-4, dipeptidyl peptidase-4; ERTU, ertugliflozin; HbA1c, glycated haemoglobin; PBO, placebo; SD, standard deviation; SE, standard error; SU, sulfonylurea.

FIGURE S2 Changes in body weight over time with ertugliflozin versus placebo by baseline (A) metformin, (B) insulin, (C) SU and (D) DPP-4 inhibitor use.

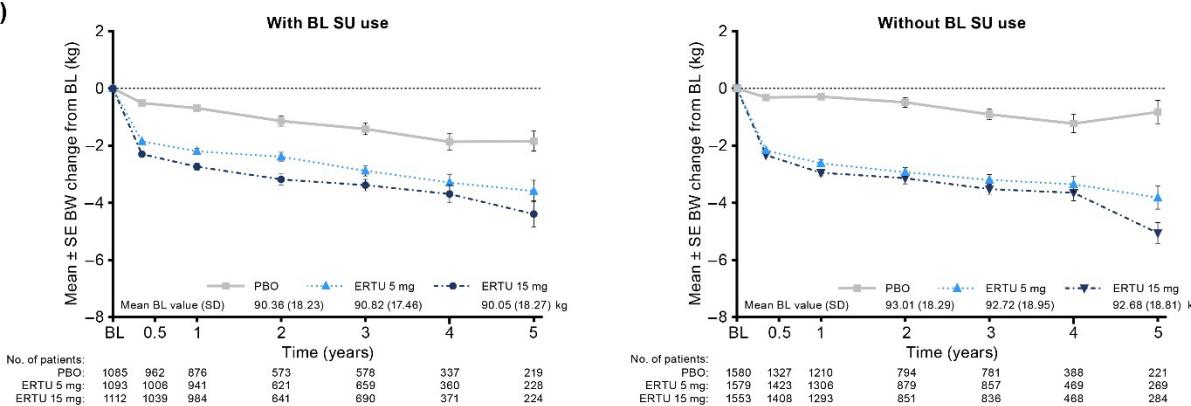
(A)



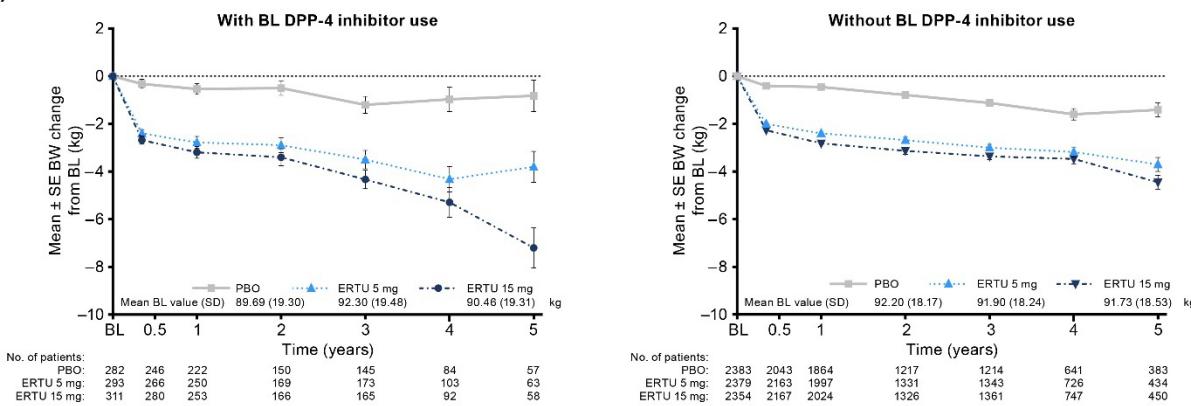
(B)



(C)



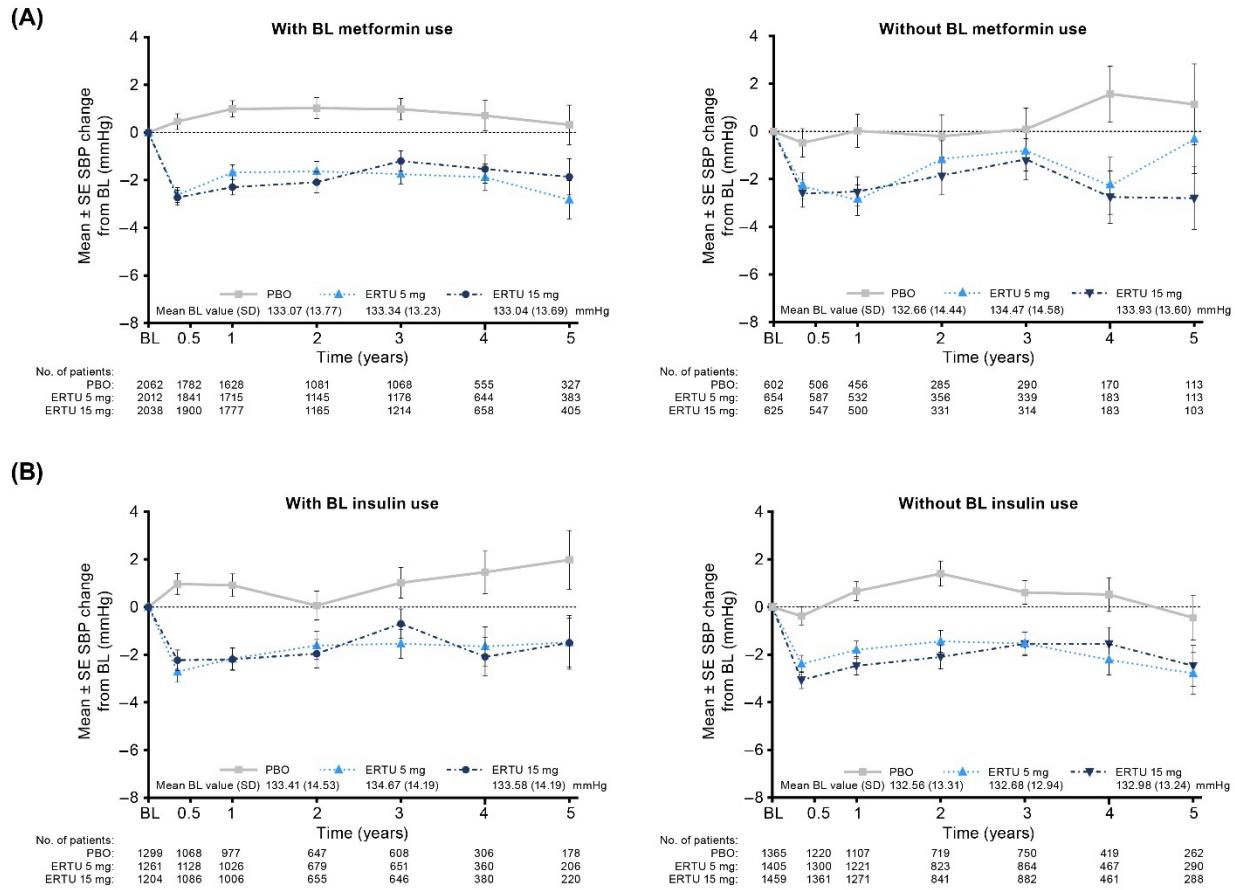
(D)



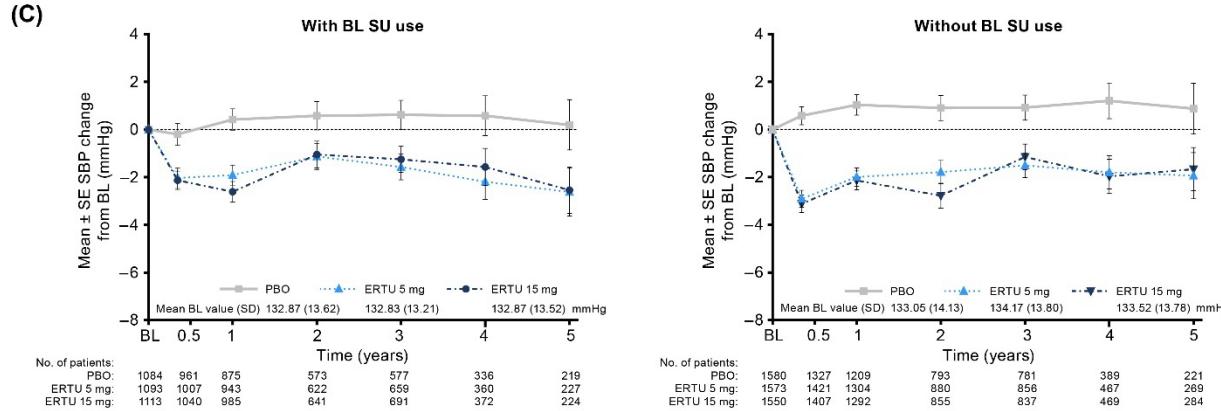
N is the number of patients without missing data at each time point.

BL, baseline; BW, body weight; DPP-4, dipeptidyl peptidase-4; ERTU, ertugliflozin; PBO, placebo; SD, standard deviation; SE, standard error; SU, sulfonylurea.

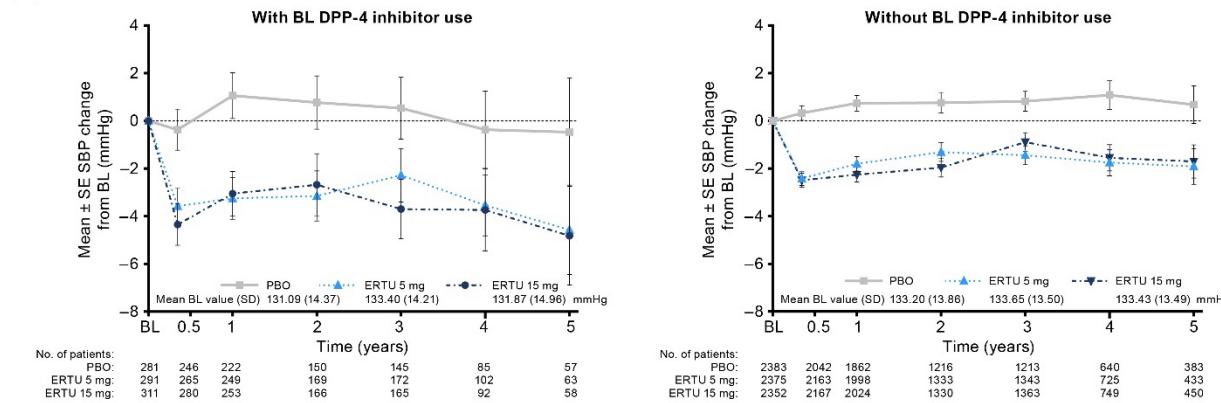
FIGURE S3 Changes in SBP over time with ertugliflozin versus placebo by baseline (A) metformin, (B) insulin, (C) SU and (D) DPP-4 inhibitor use.



(C)



(D)



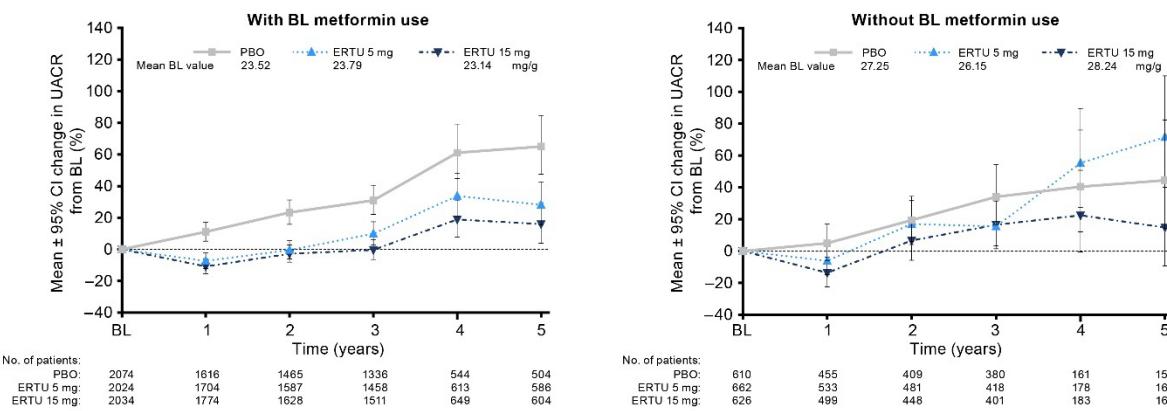
Mean (SD) baseline SBP levels by treatment are shown in the key for each baseline glucose-lowering class.

N is the number of patients without missing data at each time point.

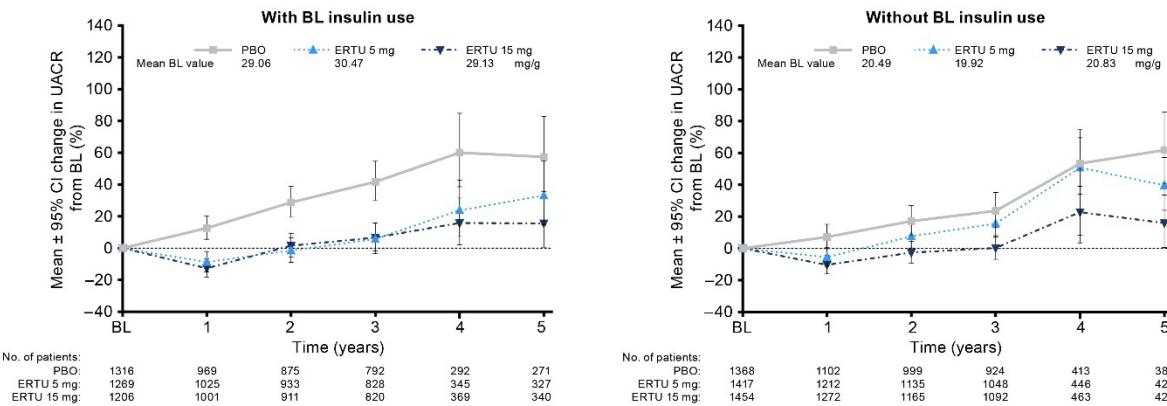
BL, baseline; DPP-4, dipeptidyl peptidase-4; ERTU, ertugliflozin; PBO, placebo; SBP, systolic blood pressure; SD, standard deviation; SE, standard error; SU, sulfonylurea.

FIGURE S4 Changes in UACR over time with ertugliflozin versus placebo by baseline (A) metformin, (B) insulin, (C) SU and (D) DPP-4 inhibitor use.

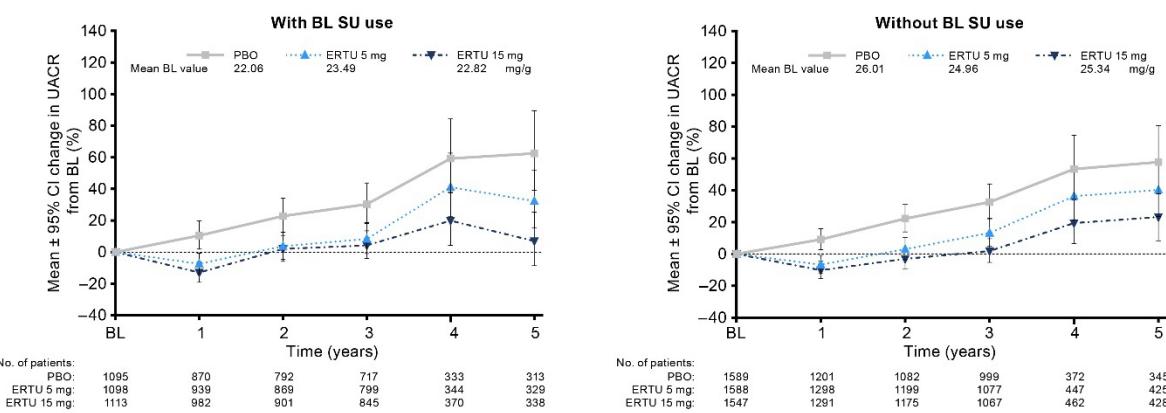
(A)



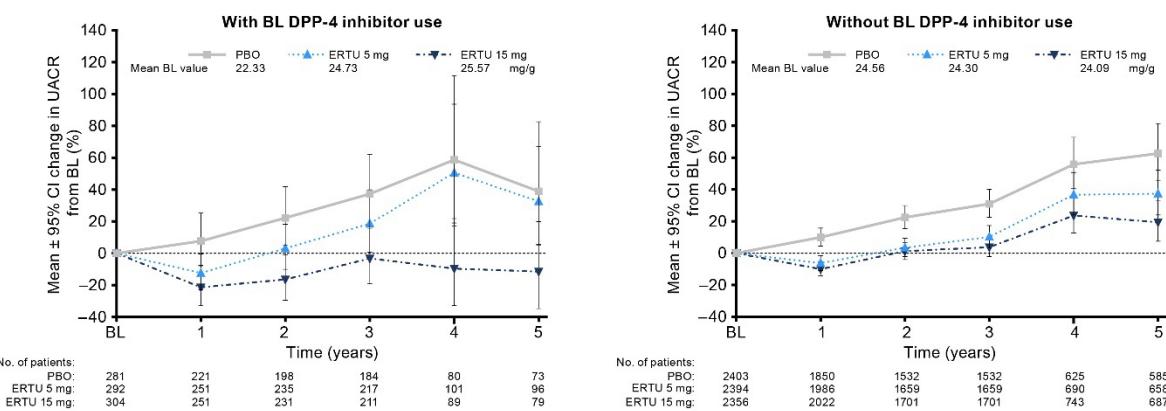
(B)



(C)



(D)



N is the number of patients without missing data at each time point.

Percent change from baseline was derived from the log scale of change from baseline data and transformed back to the original scale.

BL, baseline; DPP-4, dipeptidyl peptidase-4; ERTU, ertugliflozin; PBO, placebo; SD, standard deviation; SE, standard error; SU, sulfonylurea; UACR, urine albumin to creatinine ratio.