BACKGROUND

Type 2 diabetes mellitus (T2DM) is a major public health challenge affecting 10 million people in Europe (1.2%) and approximately 18% of the population in Europe, and the incidence continues to rise due to an increasing obesity rate and poor lifestyle habits (14, 15). T2DM is a major public health problem in Europe affecting 10 million people (1.2%) and over 100,000 new cases per year due to an increasing obesity rate and poor lifestyle habits (14, 15). T2DM is a major public health problem in Europe affecting 10 million people (1.2%) and over 100,000 new cases per year due to an increasing obesity rate and poor lifestyle habits (14, 15).

SITAP (Canagliflozin and Metformin versus Sitagliptin and Metformin in the Treatment of Type 2 Diabetes Mellitus in Poland) is a randomized, double-blind, placebo-controlled, parallel-group study for an 18-month period, the aim of which was to compare the treatment of type 2 diabetes mellitus with canagliflozin (CANA) with sitagliptin (SITA) for the improvement in metabolic control (20).

METHODS

The study was conducted in Poland following ethical guidelines and a public payer perspective.

RESULTS

The analysis included all patients in the SITAP study in Poland.

Costs of utilities

Costs of Efavirenz and trimethoprim were calculated in dollars per patient-year on the basis of simulated annualized cost of the patients. The utility value was estimated on a per-patient basis.

DATA

Baseline characteristics

Baseline characteristics of patients in CANA clinical trials (Table 1). The CANA clinical trials were conducted in the US, Canada, Europe, South America, and Asia. The baseline characteristics of the patients included in the analysis were as follows: A mean age of 57 years, 57% of patients were male, and the mean body mass index (BMI) was 34.2 kg/m².

Efficacy and safety

Efficacy and safety parameters: change from baseline in HbA1c, measured at weeks 24, 36, and 52, were recorded in all patients enrolled in the study. The mean change from baseline in HbA1c was statistically significant for both CANA and SITA.

CONCLUSIONS

The results of the present study indicate that CANA 100 or CANA 300 versus maximally tolerated glimepiride (GLIM) in treatment of T2DM in adult patients. (Invokana®) as add-on to metformin (MET) compared to sitagliptin (SITA) in the treatment of type 2 diabetes mellitus in Poland.

BIBLIOGRAPHY