

【Industry 1】

new possibilities for managing CKD in people with type 2 diabetes

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Chronic kidney disease (CKD) is a common complication of type 2 diabetes (T2D). While glucagon-like peptide-1 receptor agonists (GLP-1RAs) have demonstrated benefits such as improved glycemic control and weight reduction in T2D patients, as well as a potential decrease in cardiovascular (CV) event risk for high CV risk patients; existing data primarily stem from trials not specifically tailored for CKD, with kidney disease events usually considered as secondary outcomes. Although GLP-1RAs may exhibit kidney-protective effects, dedicated trials focusing on kidney outcomes are necessary to confirm their potential in reducing CKD progression.

The FLOW trial is specifically designed to assess the impact of Semaglutide, a once-weekly GLP-1RA, in a population with CKD and T2D at high risk of kidney disease progression. The trial aims to determine whether Semaglutide treatment, compared to a placebo, effectively delays the progression of kidney disease, reduces the risk of kidney failure, and lowers the incidence of kidney and CV disease mortality. The outcomes of the FLOW trial could potentially expand treatment options for patients with T2D, offering new avenues to slow the progression of CKD, reduce the incidence of kidney failure, and comprehensively address CV outcomes and mortality, thereby establishing a new cornerstone of therapy for patients with CKD and T2D.

慢性腎臟病 (CKD) 是第二型糖尿病 (T2D) 常見的併發症。雖然類升糖素胜肽-1 受體促效劑 (GLP-1RAs) 在 T2D 患者中已顯示出改善血糖和減輕體重的益處，並降低高心血管 (CV) 風險患者的心血管事件；但現有資料主要來自未專門針對 CKD 設計的試驗，其中腎臟疾病事件通常被視為次要結果。儘管 GLP-1RAs 可能具有腎臟保護作用，但仍必要進行專門關注腎臟結果的試驗以確認其在減緩 CKD 惡化方面的潛力。

FLOW 試驗室第一個專門評估每週一次的 GLP-1RA — Semaglutide 在 CKD 和 T2D 且腎臟疾病高風險患者的影響。該試驗研究相較於安慰劑，Semaglutide 是否能延緩腎臟疾病進展、降低腎衰竭風險，並減少腎臟和 CV 疾病死亡的發生率。FLOW 試驗的結果可能為 T2D 患者提供新的治療選擇，提供減緩 CKD 進展、降低腎衰竭發生率以及全面改善 CV 結果和死亡率的益處，從而為 CKD 和 T2D 的患者確立新的治療基石。

