



American Heart Association

Scientific Sessions



# A Targeted Proteomic Approach to Identify Circulating Biomarkers of Heart Failure Risk in Patients with Type 2 Diabetes Mellitus in DECLARE-TIMI 58

David D. Berg,<sup>1</sup> Stephen D. Wiviott,<sup>1</sup> Itamar Raz,<sup>2</sup> Frederick Kamanu,<sup>1</sup> KyungAh Im,<sup>1</sup> Avivit Cahn,<sup>2</sup> Ofri Mosenzon,<sup>2</sup> Deepak L. Bhatt,<sup>3</sup> Petr Jarolim,<sup>4</sup> Lawrence A. Leiter,<sup>5</sup> Darren K. McGuire,<sup>6</sup> John P.H. Wilding,<sup>7</sup> Yong Huo,<sup>8</sup> Jose L. Lopez-Sendon,<sup>9</sup> Diego Ardissino,<sup>10</sup> Ingrid Gause-Nilsson,<sup>11</sup> Marc S. Sabatine,<sup>1</sup> David A. Morrow<sup>1</sup>

<sup>1</sup>TIMI Study Group, Brigham and Women's Hospital, Harvard Medical School, Boston, MA; <sup>2</sup> Hadassah Hebrew University Hospital, Harvard Medical School, Jerusalem, Israel; <sup>3</sup> TIMI Study Group, Brigham and Women's Hospital, Harvard Medical School, Boston, MA; <sup>4</sup> Department of Pathology, Brigham and Women's Hospital, Harvard Medical School, Boston, MA; <sup>5</sup> Li Ka Shing Knowledge Institute, St. Michael's Hospital, University of Toronto, Toronto, Canada; <sup>6</sup> University of Texas Southwestern Medical Center and Parkland Health and Hospital System, Dallas, TX; <sup>7</sup> University of Liverpool, Liverpool, United Kingdom; <sup>8</sup> Peking University Frist Hospital, Beijing, China; <sup>9</sup> Hospital Universitario La Paz, Madrid, Spain; <sup>10</sup> Ospedale Maggiore Di Parma, Parma, Italy; <sup>11</sup> AstraZeneca, Goteborg, Sweden



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## Background & Objective

- Patients with type 2 diabetes mellitus (T2DM) are at increased risk of developing heart failure (HF)
- The underlying mechanisms by which T2DM contributes to HF are incompletely understood
- ***We aimed to identify biological pathways associated with risk of hospitalization for HF in a well-characterized cohort of patients with T2DM***

# Methods

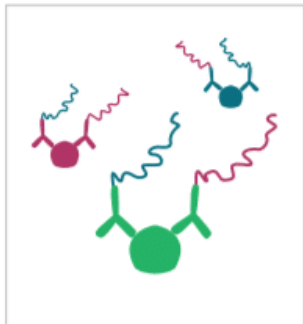
- Study Population
  - DECLARE-TIMI 58 was a multinational, randomized, placebo-controlled trial evaluating dapagliflozin in patients with T2DM and ASCVD or multiple CV risk factors (median f/u = 4.2 years)
- Biomarkers
  - Blood samples prospectively collected at randomization
  - 184 candidate biomarkers tested using Olink proteomic panels (CVD II & CVD III)
- Clinical Outcome
  - Hospitalization for heart failure (HHF) → centrally adjudicated by TIMI CEC using standard definitions

# Methods

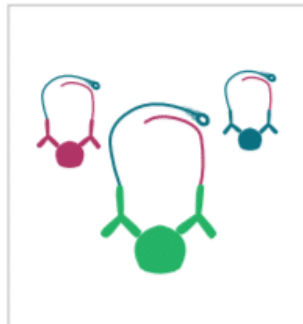
## Olink Proteomic Panels (Proximity Extension Assay)

- Multiplex arrays that allow simultaneous testing of 92 biomarkers focused on a specific disease area (“targeted” proteomics)
- Pairs of oligonucleotide-labeled Ab allowed to pair-wise bind to target protein present in sample → new PCR target sequence formed by proximity-dependent DNA polymerization

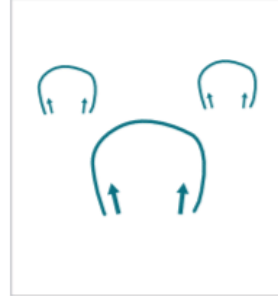
(A) Immunoassay



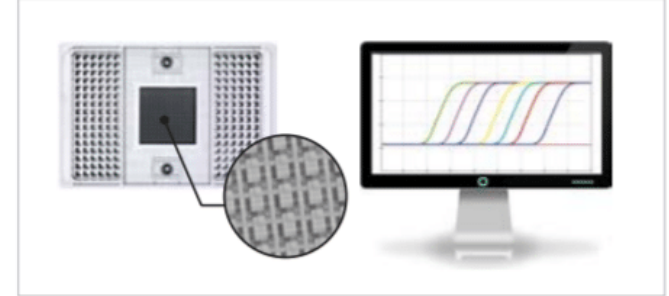
(B) Extension



(C) Pre-amplification



(D) Detection by microfluidic qPCR



# Methods

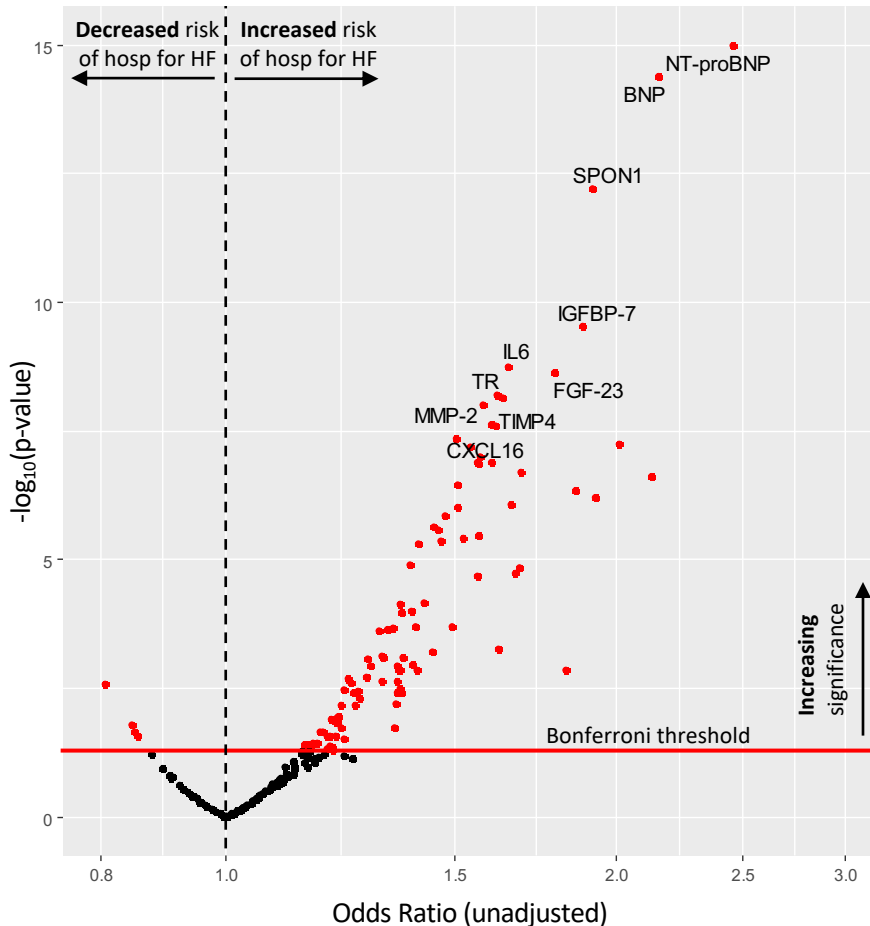
## Study Design

- Nested case-control study of 184 candidate biomarkers
  - Cases → patients hospitalized for HF during follow-up (n=432)
  - Controls matched on age, sex, hx HF, hx ASCVD, and f/u time (n=432)
- We evaluated associations between baseline biomarkers and HHF using logistic regression with Bonferroni threshold for statistical significance
- We present odds ratios for top 10 strongest biomarkers (based on Wald  $\chi^2$  values), which are further adjusted for components of the TIMI Risk Score for HF in Diabetes (AF, UACR, eGFR, CAD)<sup>1</sup>

<sup>1</sup>Berg DD et al. Circulation. 2019;140(19):1569-1577

# Results

## Baseline Biomarker Concentrations and Risk of Hospitalization for Heart Failure



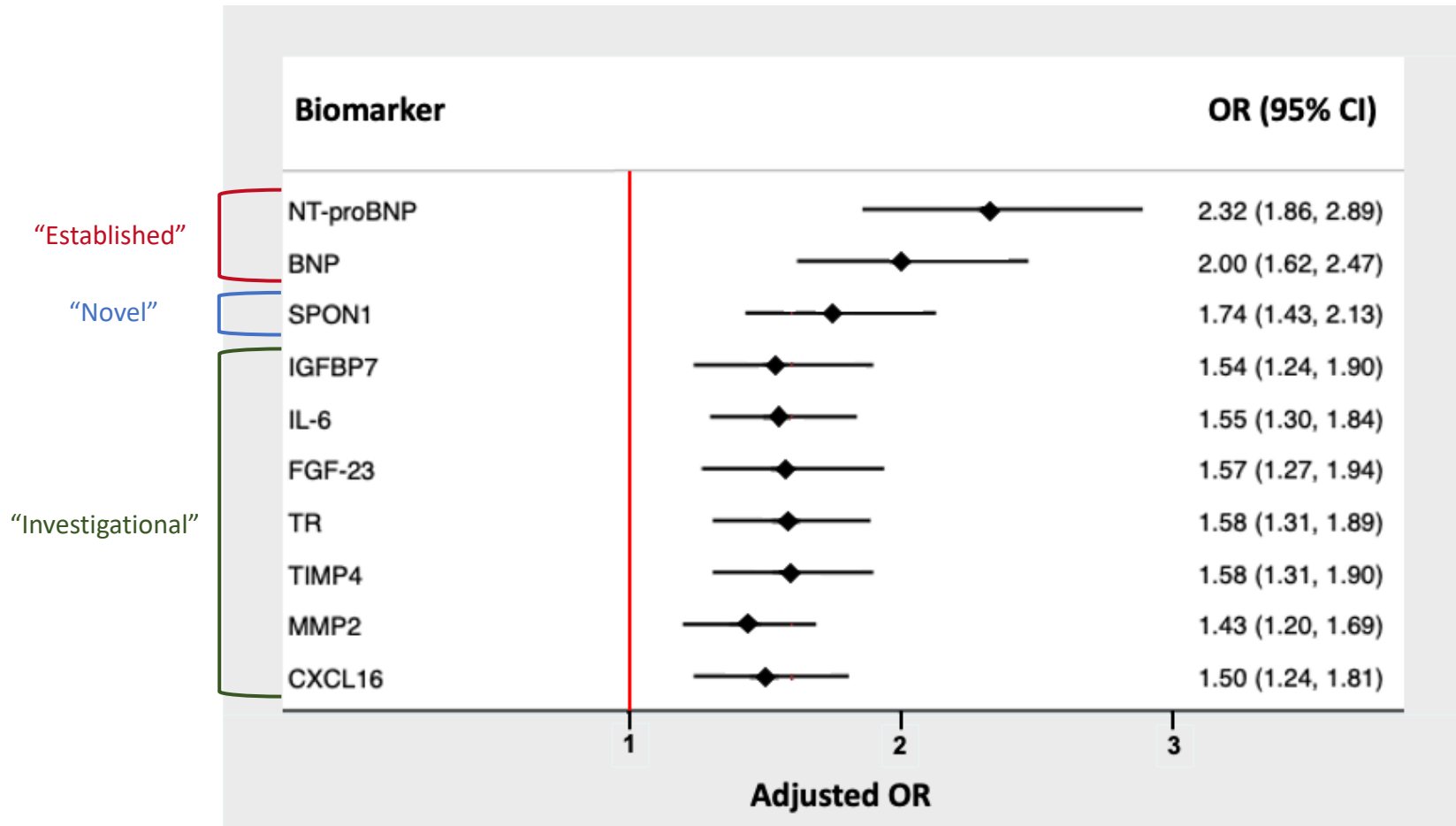
- 45 of 184 biomarkers significantly associated with HHF at Bonferroni threshold

- Top 10 strongest associations:

- “Established”
  - **NT-proBNP** = N-terminal B-type natriuretic peptide
  - **BNP** = B-type natriuretic peptide
- “Novel”
  - **SPON1** = Spondin-1
  - **IGFBP7** = Insulin-like growth factor-binding protein 7
  - **IL-6** = Interleukin-6
  - **FGF-23** = fibroblast growth factor-23
- “Investigational”
  - **TR** = transferrin receptor protein-1
  - **TIMP4** = metalloproteinase inhibitor 4
  - **MMP-2** = matrix metalloproteinase-2
  - **CXCL16** = C-X-C motif chemokine 16

# Results

## Adjusted Associations with Risk of Hospitalization for Heart Failure



(Adjusted for components of TRS-HF<sub>DM</sub>)





# Conclusions

- A targeted proteomic approach identified established, investigational, and novel biomarkers of risk for HF hospitalization in patients with T2DM
- Further investigation of these candidates may elucidate novel pathways of HF risk and potential therapeutic targets in patients with T2DM