

# Clinical trials of antidiabetic drugs for diabetes type 2 in patients inadequately controlled on metformin

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## 1 albiglutide

Trial	Treatments	Patients	Trials design and methods
<b>albiglutide weekly vs placebo (add on MET)</b>			
<b>Rosenstock (30 mg weekly) , 2009</b> [NCT00518115] n=31/52 follow-up: 16 weeks	albiglutide 30mg weekly versus placebo	patients with type 2 diabetes inadequately controlled with diet and exercise or metformin monotherapy	Parallel groups double-blind US, Mexico, Chile, Dominical republic

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## 2 bitherapy with MET

Trial	Treatments	Patients	Trials design and methods
<b>dapagliflozin vs placebo (add on MET)</b>			
<b>Bailey (MB102014) , 2010</b> [NCT00528879] n=NA follow-up: 24 weeks	dapagliflozin (25 mg, n=137; 5 mg, n=137; or 10 mg, n=135) versus placebo	adults with type 2 diabetes who were receiving daily metformin (1500 mg per day) and had inadequate glycaemic control	Parallel groups double-blind

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### 3 DPP-4 inhibitors

Trial	Treatments	Patients	Trials design and methods
<b>linagliptin low dose vs linagliptin</b>			
linagliptin 1218.62 <i>ongoing</i> [NCT01012037] n=NA follow-up: 12 weeks	linagliptin low dose 2.5 mg twice daily versus linagliptin medium dose 5 mg once daily	patients with type 2 diabetes mellitus with insufficient glycaemic control with metformin	double-blind Belgium

### References

linagliptin 1218.62, 0:

### 4 DPP-4 inhibitors add on MET

Trial	Treatments	Patients	Trials design and methods
<b>linagliptin vs glimepiride (add on MET)</b>			
Gallwitz , 2012 [NCT00622284] n=777/775 follow-up: 104 weeks	linagliptin (5 mg once daily) add-on therapy to preferably >1500 mg metformin versus glimepiride (14 mg) orally once daily add-on therapy to preferably >1500 mg metformin	type 2 diabetes mellitus with insufficient glycaemic control with metformin	Parallel groups double-blind USA
<b>alogliptin vs placebo (add on MET)</b>			
Nauck , 2009 [NCT00286442] n=210/104 follow-up: 26 weeks	alogliptin 12.5 and 25 mg once daily versus placebo	patients whose HbA(1c) levels were inadequately controlled on metformin alone	Parallel groups double-blind
<b>linagliptin vs placebo (add on MET)</b>			
linagliptin 1218.65 <i>ongoing</i> [NCT01215097] n=NA follow-up: 24 weeks	5 mg of Linagliptin administered orally once daily versus placebo (on top metformin)	patients with type 2 diabetes and insufficient glycaemic control with metformin	parallel groups double-blind China
<b>saxagliptin vs placebo (add on MET)</b>			
CV181-080 [NCT00885378] n=NA follow-up:	2.5 mg Saxagliptin, Twice Daily versus placebo	Subjects With Type 2 Diabetes Mellitus Who Have Inadequate Glycemic Control on Metformin IR Alone	
DeFronzo , 2009 [NCT00121667] n=191/179 follow-up: 24 weeks	saxagliptin (2.5, 5, or 10 mg once daily) versus placebo	Patients With Inadequately Controlled Type 2 Diabetes With Metformin Alone	
<b>sitagliptin vs placebo (add on MET)</b>			

continued...

Trial	Treatments	Patients	Trials design and methods
Charbonnel , 2006 [NCT0086515] n=NA follow-up:	sitagliptin 100 mg daily (add-on to metformin therapy) versus placebo (add-on to metformin therapy);	-	
Nauck , 2007 [NCT00094770] n=NA follow-up:	sitagliptin 100 mg daily (add-on to metformin therapy) versus placebo (add-on to metformin therapy);	-	
Scott** (sit vs pbo on top met) , 2007 n=NA follow-up:	sitagliptin 100 mg daily (add-on to metformin therapy) versus placebo (add-on to metformin therapy).	patients with type 2 diabetes who were inadequately on MET monotherapy	
<b>vildagliptin vs placebo (add on MET)</b>			
Ahren , 2004 n=56/51 follow-up: 12 weeks	vildagliptin 50 mg daily (add-on to metformin therapy) versus placebo (add-on to metformin therapy)	patients with type 2 diabetes	double-blind
Bosi , 2007 [NCT00099892] n=185/182 follow-up:	vildagliptin (50 or) 100 mg daily (add-on to metformin therapy) versus placebo (add-on to metformin therapy)	patients with type 2 diabetes inadequately controlled with metformin	double-blind
Goodman , 2009 n=125/122 follow-up: 24 weeks	vildagliptin 100 mg given in the morning, vildagliptin 100 mg given in the evening versus placebo	patients inadequately controlled with metformin	Parallel groups double-blind
<b>saxagliptin vs sitagliptin (add on MET)</b>			
saxagliptin vs sitagliptin n=403/398 follow-up: 18 weeks	saxagliptin 5 mg once daily add on metformin versus sitagliptin 100 mg once daily add on metformin	adults with type 2 diabetes who did not attain adequate glycemic control on metformin therapy alone	Parallel groups
<b>vildagliptin vs Sulfonylurea (add on to MET)</b>			
Ferrannini , 2009 [NCT00106340] n=1396/1393 follow-up: 52 weeks	vildagliptin 50 mg twice daily versus glimepiride titrated up to 6 mg/day	Patients inadequately controlled on metformin monotherapy (HbA(1c) 6.5-8.5% )	Parallel groups double-blind
<b>vildagliptin vs pioglitazone (add on MET)</b>			
Bolli , 2008 [NCT00237237] n=295/281 follow-up:	vildagliptin 100 mg daily (add-on to metformin therapy) versus pioglitazone 30 mg daily (add-on to metformin therapy)	patients with type 2 diabetes inadequately controlled with metformin monotherapy	double-blind

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## 5 glucagon-like peptide analogs

Trial	Treatments	Patients	Trials design and methods
<b>liraglutide other doses vs placebo</b>			
<b>NN2211-1799</b> <i>ongoing</i> [NCT00620282] n=NA follow-up: 3 months	liraglutide Stepwise dose increase, s.c. injection, once daily versus placebo	subjects with type 2 diabetes who are on diet and lifestyle changes or treated with metformin alon	double-blind USA
<b>tasoglutide vs placebo</b>			
<b>BC21713 (vs placebo)</b> <i>ongoing</i> [NCT00754988] n=NA follow-up:	tasoglutide (10mg once weekly or 10mg once weekly for 4 weeks followed by 20mg once weekly), versus placebo or sitagliptin 100mg once daily in addition to their continued prestudy metformin treatment	patients with type 2 diabetes mellitus inadequately controlled with metformin	parallel groups double-blind USA
<b>tasoglutide 10mg once weekly vs placebo</b>			
<b>Nauck 10 once weekly vs PBO</b> , 2009 [NCT00423501] n=257/49 follow-up: 12 weeks	tasoglutide, either 5, 10, or 20 mg once weekly or 10 or 20 mg once every 2 weeks for 8 weeks versus placebo	patients with type 2 diabetes inadequately controlled with metformin	Parallel groups double-blind
<b>exenatide 10g/d vs placebo (add on MET)</b>			
<b>DeFronzo 10g/d</b> , 2005 [NCT00039013] n=110/113 follow-up: 30 weeks	Exenatide 1020 g daily versus Placebo on-top of Metformin	patients with type 2 diabetes failing to achieve glycemic control with maximally effective metformin doses	Parallel groups double blind USA
<b>exenatide 20g/d vs placebo (add on MET)</b>			
<b>DeFronzo 20g/d</b> , 2005 [NCT00039013] n=NA follow-up: 30 weeks	Exenatide 1020 g daily versus Placebo on-top of Metformin	patients with type 2 diabetes failing to achieve glycemic control with maximally effective metformin doses	Parallel groups double blind USA
<b>exenatide weekly vs placebo (add on MET)</b>			
<b>Kim</b> , 2007 [NCT00103935] n=30/15 follow-up: 15 weeks	exenatide LAR 0.8 or 2 g daily versus Placebo on-top of metformin	subjects with type 2 diabetes suboptimally controlled with metformin and/or diet and exercise	Parallel groups double blind
<b>liraglutide 1.8mg vs placebo (add on MET)</b>			

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>LEAD-2 (Nauck) (1.8mg vs placebo) , 2009</b> [NCT00318461] n=242/122 follow-up: 26 weeks	Liraglutide 1.8 mg daily versus Placebo on-top of Metformin	subjects previously treated with oral antidiabetes therapy	Parallel groups double blind 21 countries
<b>tasoglutide vs placebo (add on MET)</b>			
<b>Ratner (20mg once weekly) , 2010</b> [NCT00460941] n=97/32 follow-up: 8 weeks (+4wk)	tasoglutide s.c. 20mg once weekly for 8 weeks versus placebo s.c. once weekly on top metformin	subjects with Type 2 diabetes inadequately controlled on metformin alone	Parallel groups double-blind Australia, France, Germany, Mexico, Peru, USA
<b>BC22092 ongoing</b> [NCT00823992] n=NA follow-up:	tasoglutide (10mg sc once weekly for 4 weeks followed by 20mg once weekly) in addition to their prescribed, pre-existing metformin therapy versus placebo	obese patients with type 2 diabetes mellitus inadequately controlled with metformin monotherapy	parallel groups double-blind USA
<b>exenatide 20g/d vs placebo (add on MET+/-SU)</b>			
<b>Gao , 2009</b> [NCT00324363] n=234/232 follow-up: 16 weeks	exenatide 5 mg then 10 mg twice-daily for 4 and 12 weeks versus placebo	Asian descent with type 2 diabetes and inadequate glycemic control taking metformin alone or Met and sulfonylureas	Parallel groups double-blind 4 countries
<b>liraglutide other doses vs sitagliptin (add on MET)</b>			
<b>MK-0431-403 ongoing</b> [NCT01296412] n=NA follow-up:	Liraglutide + metformin versus Sitagliptin + metformin	patients with Type 2 Diabetes that is not adequately controlled with metformin alone	parallel groups open
<b>liraglutide 1.8mg vs glimepiride (add on MET)</b>			
<b>LEAD-2 (Nauck) (1.8 mg vs glimepiride) , 2009</b> [NCT00318461] n=242/244 follow-up: 26 weeks	Liraglutide 1.8 mg daily for 26 weeks versus Glimepiride on-top of Metformin	patients with type 3 diabetes previously treated with oral antidiabetes (OAD) therap	Parallel groups double blind 21 countries
<b>liraglutide 1.2mg vs sitagliptin</b>			
<b>Pratley 1.2mg , 2010</b> [NCT00700817] n=225/219 follow-up: 26 weeks	liraglutide 1.2mg subcutaneously once daily versus oral sitagliptin 100mg once daily	patients with type 2 diabetes who did not have adequate glycemic control with metformin	Parallel groups open Europe, USA, Canada
<b>liraglutide 1.8mg vs sitagliptin</b>			
<b>Pratley 1.8mg , 2010</b> [NCT00700817] n=221/219 follow-up: 26 weeks	liraglutide 1.8mg subcutaneously once daily versus oral sitagliptin 100mg once daily	patients with type 2 diabetes who did not have adequate glycemic control with metformin	Parallel groups open Europe, USA, Canada

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**BC21713 (vs placebo), 0:**

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## 6 lixisenatide

Trial	Treatments	Patients	Trials design and methods
<b>lixisenatide vs placebo (add on MET)</b>			
<b>Ratner DRI6012 , 2010</b> [NCT00299871] n=433/109 follow-up: 13 weeks	subcutaneous lixisenatide doses of 5, 10, 20 or 30 microg once daily or twice daily versus placebo	patients with Type 2 diabetes inadequately controlled with metformin ( $\geq 1000$ mg/day)	Parallel groups double-blind (nature not volume) multinational
<b>GETGOAL-M ongoing</b> [NCT00712673] n=NA follow-up: 24 weeks	-	Type 2 diabetes mellitus insufficiently controlled with metformin	Parallel groups double-blind USA
<b>lixisenatide vs sitagliptin (add on MET)</b>			
<b>EFC10780 , 2010 ongoing</b> [NCT00976937] n=NA follow-up: 24 weeks	Lixisenatide titrated 15-20 g once daily versus Sitagliptin (add-on to Metformin)	Obese Type 2 Diabetic Patients Younger Than 50	Parallel groups double-blind WW

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### GETGOAL-M, 0:

### EFC10780, 2010:

## 7 meglitinides (glinides)

Trial	Treatments	Patients	Trials design and methods
<b>repaglinide vs control (add on MET)</b>			
<b>Moses , 1999</b> n=27/27 follow-up: 12 weeks	prestudy dose of metformin with the addition of repaglinide versus prestudy dose of metformin	patients with type 2 diabetes who had inadequate glycemic control (HbA1c $>7.1\%$ ) when receiving the antidiabetic agent metformin	Parallel groups open
<b>nateglinide vs gliclazide (add on MET)</b>			
<b>Ristic , 2006</b> n=133/129 follow-up: 24 weeks	nateglinide plus metformin versus gliclazide plus metformin	Patients with inadequate glucose control on maximal doses of metformin	Parallel groups double-blind



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## 8 sulfonylureas G3 add on MET

Trial	Treatments	Patients	Trials design and methods
<b>glimepiride vs placebo (add on MET)</b>			
<b>Charpentier , 2001</b> n=NA follow-up:	metformin and glimepiride versus metformin	Type 2 diabetic patients aged 35-70 years inadequately controlled by metformin monotherapy 2550 mg daily	double-blind France

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## 9 About TrialResults-center.org

TrialResults-center is an innovative knowledge database that collects the results of RCTs and provides dynamic interactive systematic reviews and meta-analysis in the field of all major heart and vessels diseases.

The TrialResults-center database provides a unique view of the treatment efficacy based on all data provided directly from clinical trial results, offering a valuable alternative to personal bibliographic search, published meta-analysis, etc. Furthermore, it would allow comparing easily the various concurrent therapeutic for the same clinical condition.

Rigorous meta-analysis method is used to populate TrialResults-center: widespread search of published and non published trials, study selection using pre-specified criteria, data extraction using standard form.

TrialResults-center is continually updated on a weekly basis. We continually search all new results (whatever their publication channel) and these news results are immediately added to the database with a maximum of 1 week.

TrialResults-center is non-profit and self-funded.