SELECT
Obesity and CV Outcomes

Wegovy® (semaglutide) injection 2.4 mg CVOT

Click on ⊕ for more information. Pop-ups may not display properly on iOS devices.

Wegovy® is indicated as an adjunct to a reduced calorie diet and increased physical activity for chronic weight management in adults with an initial BMI of ≥30 kg/m^2 (obesity) or ≥27 kg/m^2 (overweight) in the presence of at least 1 weight-related comorbidity (e.g., hypertension, T2D, or dyslipidemia) and pediatric patients aged 12 years and older with an initial BMI at the 95th percentile or greater standardized for age and sex (obesity).[1]

Wegovy® is not approved by the US Food and Drug Administration to reduce the risk of MACE and neither safety nor efficacy are established for this use under investigation. See important safety information, including boxed warning, in the Wegovy® Prescribing Information.

SELECT is a Phase 3b, multinational, randomized, double-blind, placebo controlled, event-driven superiority trial that evaluated the effect of Wegovy® 2.4 mg vs placebo, both in addition to SoC for CVD, in patients with established CVD and overweight or obesity on CV outcomes.[1]

Select Eligibility Criteria[2]

- Adults (age ≥45 years) with a BMI ≥27 kg/m^2
- A1C <6.5% and established CVD, defined as prior MI, prior stroke (ischemic or hemorrhagic) or symptomatic PAD (as evidenced by ≥1 of the following; intermittent claudication with ABI <0.85 at rest, history of peripheral arterial revascularization or amputation due to atherosclerotic disease)

Study Design[2]

Patients were randomized (**1**:1) to Wegovy® or placebo, in addition to SoC for CVD. ⊕

Cardiovascular Outcomes

	Wegovy® (n=8803)	Placebo (n=8801)	HR (95% CI); *P*-value[d]
Primary CV composite outcome, n (%)[b]	569 (6.5)	701 (8.0)	0.80 (0.72 to 0.90); *P*<.001[d]
Confirmatory secondary outcomes, n (%)[c]			
CV death	223 (2.5)	262 (3.0)	0.85 (0.71 to 1.01); *P*=.07[d]
HF composite[e]	300 (3.4)	361 (4.1)	0.82 (0.71 to 0.96)
All-cause death	375 (4.3)	458 (5.2)	0.81 (0.71 to 0.93)
Supportive secondary outcomes, n (%)[f,g]			
CV expanded composite[h]	873 (9.9)	1074 (12.2)	0.80 (0.73 to 0.87)
CV composite with all-cause death[i]	710 (8.1)	877 (10.0)	0.80 (0.72 to 0.8
Nonfatal MI	234 (2.7)	322 (3.7)	0.72 (0.61 to 0.85)
Nonfatal stroke	154 (1.7)	165 (1.9)	0.93 (0.74 to 1.15)
HF-related hospitalization or urgent medical visit	97 (1.1)	122 (1.4)	0.79 (0.60 to 1.03)
Nephropathy composite[j]	155 (1.8)	198 (2.2)	0.78 (0.63 to 0.96)

⊕ VIEW FOOTNOTES

Per the intention-to-treat analysis, which assesses the treatment effect regardless of rescue intervention or adherence to trial product, Wegovy® significantly reduced the relative risk of the primary composite endpoint of time to first occurrence of CV death, non-fatal MI or non-fatal stroke by 20%.[1]

Additional Supportive Secondary Outcomes

BODY WEIGHT ⊕ | A1C ⊕ | BLOOD PRESSURE & HEART RATE ⊕ | LIPIDS ⊕

Safety

- During the trial, more placebo-treated patients reported serious adverse events (SAEs) than Wegovy®-treated patients.[1]
- Trial product discontinuation due to AEs occurred in more Wegovy®-treated patients than placebo-treated patients, with the largest between-group differences in gastrointestinal events.
- Please see **Table 2** ⊕ for additional safety information in SELECT.

Abbreviations: A1C: glycated hemoglobin; ABI: ankle-brachial index; AE: adverse event; BMI: body mass index; BPM: beats per minute; CI: confidence interval; CV: cardiovascular; CVD: cardiovascular disease; CVOT: cardiovascular outcomes trial; eGFR: estimated glomerular filtration rate; ETD: estimated treatment difference; GI: gastrointestinal; HDL: high-density lipoprotein; HF: heart failure; HR: hazard ratio; LDL: low-density lipoprotein MACE: major adverse cardiovascular events; MedDRA: Medical Dictionary for Regulatory Activities; MI: myocardial infarction; n: number of patients; RRT: renal replacement therapy; PAD: peripheral arterial disease; SAE: serious adverse event; SOC: standard of care; uACR: urinary albumin-to-creatinine ratio.

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References: 1. Lincoff AM, Brown-Frandsen K, Colhoun HM, et al. Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes. *New England Journal of Medicine*. 2023. 2. Ryan DH, Lingvay I, Colhoun HM, et al. Semaglutide Effects on Cardiovascular Outcomes in People With Overweight or Obesity (SELECT) rationale and design. *Am Heart J*. 2020;229:61-69.