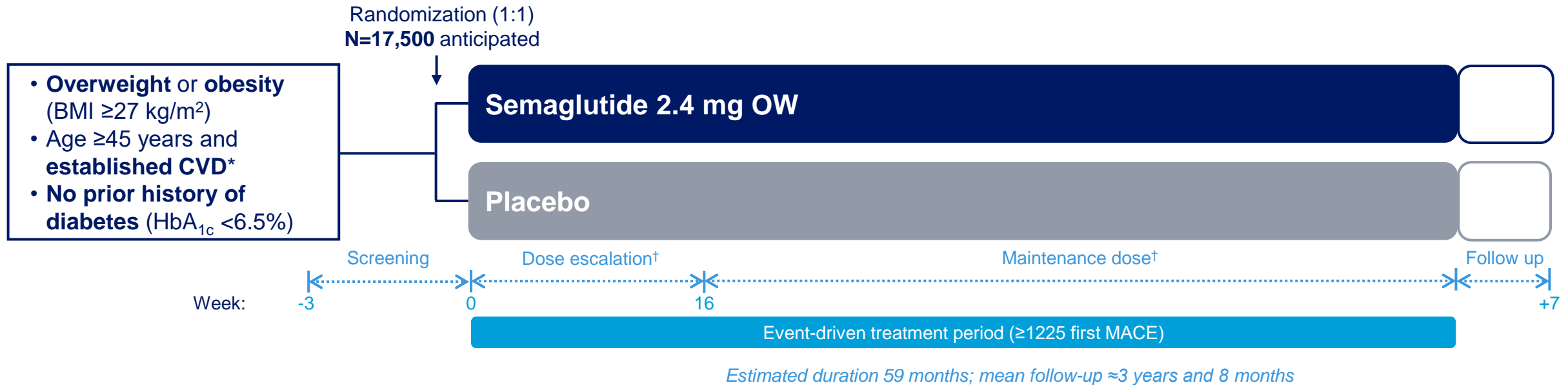


Trial design of SELECT



Trial information

- Global trial involving multiple countries across Europe, the Americas, South America and Asia
- FPFV 24 Oct 2018
- Double-blind, placebo-controlled, superiority trial
- 90% power based on an assumed true risk reduction of 17% with semaglutide
- Assumed combined event rate: 2.0%

Key endpoints

Primary: Time from randomization to first occurrence of MACE (non-fatal MI, non-fatal stroke, CV death)

Secondary: Time from randomization to: CV death; HF composite‡ and all-cause death

Three-component MACE consisted of non-fatal MI, non-fatal stroke, CV death. *Established CVD: MI ≥ 60 days ago, stroke ≥ 60 days ago, or symptomatic PAD, NYHA Class IV excluded; †Dose escalation is from week 4 to 16 with intervals of 4 weeks, and maintenance dose is event-driven to end of treatment period.

BMI, body mass index; CV, cardiovascular; CVD, cardiovascular disease; FPFV, first patient first visit; MACE, major adverse cardiovascular event; MI, myocardial infarction; NYHA, New York Heart Association; OW, once weekly; PAD, peripheral artery disease; SELECT, semaglutide effects on cardiovascular outcomes in people with overweight or obesity.

SoC for patients with CVD in SELECT

Adequate medical treatment

Lipids

Blood pressure

Antiplatelet therapy

Glycemic control for those developing T2D during the study

Healthy lifestyle guidance

Heart healthy eating
(including weight loss where appropriate)

Increased physical activity

Smoking cessation

Limit alcohol consumption

The emphasis of the SELECT trial is on SoC
for **CV risk reduction**

Standard of care guideline in SELECT



Please note that choice of therapy and lifestyle guidance may vary according to specific country/regional guidelines and the individual subject's needs and medical condition.

Blood pressure^{2,4}

Target

- <140/90 mmHg, or
- <120/80 mmHg, if this can be achieved without undue treatment burden

Therapy

Titrate and combine drugs to obtain the target.

- First line:
 - ACE inhibitors or ARBs
- Second line:
 - Calcium antagonists (dihydropyridines)
 - Thiazide and thiazide-type diuretics
- Other drugs can be considered at investigator's discretion, and may include:
 - Aldosterone antagonists
 - Beta blockers (Preference for vasodilatory beta blockers when appropriate)
 - Alpha blockers

SELECT

2023



SELECT SoC guidance
provided to all sites
based on local CVD SoC
Clinical Practice
Guidelines