• Adult patients with T2D diagnosed ≥ 90 days prior to screening, and could be either:
  (eGFR 45–59 or 30–44 mL/min/1.73 m²).
• Patients treated with metformin 1500 mg or maximum tolerated dose) and/or a sulfonylurea medication.
• In total, 2202 patients completed the 26-week treatment period (Figure 1).
• Decisions on rescue medication were made based on clinical strategies and renal impairment, added to existing medication.

Results

• On average, mean (SE) HbA1c change from baseline to week 26 was 
  -3.9 ± 0.7% (P < 0.0001 for both oral semaglutide and placebo).
• Mean body weight change from baseline to week 26: oral semaglutide -2.4 ± 0.7 kg (P < 0.0001 for both oral semaglutide and placebo).
• There were more premature trial product discontinuations due to AEs in the oral semaglutide group than the placebo group, mainly due to gastrointestinal events (primarily nausea).
• There were no confirmed pancreatitis (hypoglycemia with oral semaglutide).
• Oral semaglutide was superior to placebo for reduction in HbA1c, body weight, and risk for oral semaglutide compared with placebo at week 26 for the primary end point (Figure 5).
• There were more prevalent trial product discontinuations due to AEs in the oral semaglutide group than the placebo group, mainly due to gastrointestinal events (primarily nausea).
• There were no confirmed pancreatitis (hypoglycemia with oral semaglutide).
• In addition, oral semaglutide did not affect renal function.