Amputations in T2DM

- Aims: To explore the nature and predictors of amputations in the FIELD Trial
- Methods: All on study non-traumatic amputations were reviewed in a blinded fashion by two clinicians. Amputations were classified as:
 - Major: below or above the knee
 - Minor: toe and forefoot
- All analyses of the effects of treatment were by intentionto-treat

Amputations in T2DM: Baseline Characteristics

General Characteristics	On Study Amputation n=115	Other CHD Event n=1251	Neither n=8429
Age at Visit 1 (years mean [SD])	64.7 (6.33) **** 6	4.4(6.58)	.0 61.9 (6.86)
Diabetes Duration (years median)	9.0 (4-15)******	(3-12)) 29.	(5.0 (2-9)
Body-mass index (kg/m² median)	2 <mark>9.5 (26.5-33.4) .9</mark>	0 (26.8-33.1)	29.8 (26.6-33.6
Waist-hip ratio [IQR]	(.91-1.0)****	934(0.9151(80)	0.93 (0.88-0.98)
Systolic	144.3 (15.10)***** 81.7 (8.41)*	62:0 (8.94) 152 (12.2%)	139.9 (15.21) 81.9 (8.47)
Diastolic Current Smoker	23 (20.0%)****	944 (75.5%)	747 (8.9%) 5101 (60.5%)
Male	00 (00.070)		0101 (00.070)

P-value from 3-way comparison *p<0.05, ** p<0.01, ***p<0.001 ****p< 0.0001

Amputations in T2DM: Baseline Characteristics

Clinical History of	On Study Amputation n=115	Other CHD Event n=1251	Neither n = 8429
Amputation Cardiovascular Disease MI/Angina/CABG/PTCA Stroke PVD Microvascular Disease	3 (2.6%) **** 67 (58.3%)**** 34 (29.6%)**** 12 (10.4%)**** 43 (37.4%)**** 65 (56.5%)****	n/a 512 (40.9%) 383 (30.6%) 80 (6.4%) 167 (13.3%) 380 (30.4)	21 (0.2%) 1552 (18.4%) 988 (11.7%) 255 (3.0%) 502 (18.7%) 1580 (8.94)
Retinopathy Neuropathy Nephropathy	34 (29.6%)**** 57 (49.6%)**** 8 (7.0%)*	162 (12.9) 257 (20.5%) 42 (3.4%)	618 (7.3%) 1081 (12.8%) 229 (2.7%)

P-value from 3-way comparison *p<0.05, ** p<0.01, ***p<0.001 ****p< 0.0001

MI = myocardial infarction; CABG = coronary bypass grafting, PTCA = percutaneous transluminal coronary angioplasty

Amputations in T2DM: Baseline Characteristics

Laboratory Data	On Study Amputation n=115	Other CHD Event n=1251	Neither n = 8429
	HDL- 115 (26)** 40.4 FG (10.2)**** 161 (118-210)	195 (26) 120 (24.3) 40 (9.1) 165 (126-221) 7.1 (6.4-8.1) .	193 (27) 117 (25.1) 42.6 (10.0) 156 (121-210) 6.8 (6.1-7.8) .86 (.17) 9.4 (7.9-11.3)
Dyslipidemia Microalbuminuria Macroalbuminuria	(9.2-13.8)**** 46 (40.0%)*** 46 (10.0%)*** 20 (17.0%)***	93 (.19) 10.1 (8.5-12.5) 162 (12.9) 257 (20.5%) 42 (3.4%)	3127 (37.1%) 1697 (20.1%) 287 (3.4%)

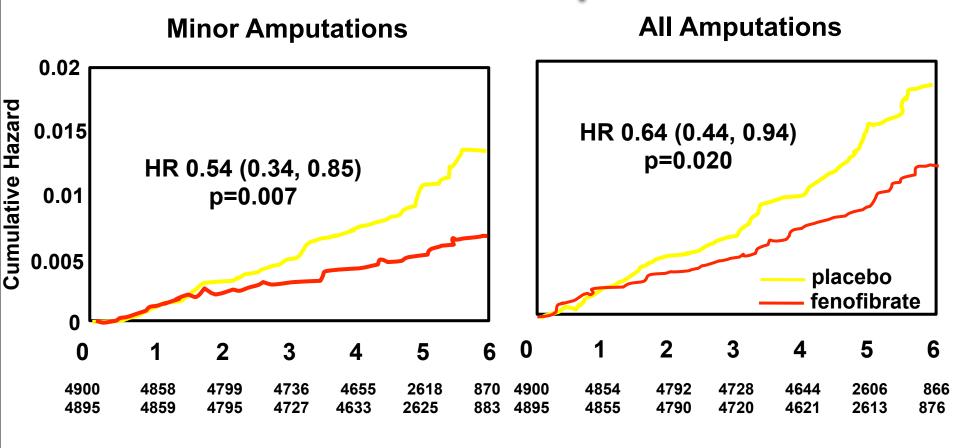
P-value from 3-way comparison *p<0.05, ** p<0.01, ***p<0.001

Amputations in T2DM: Baseline Characteristics

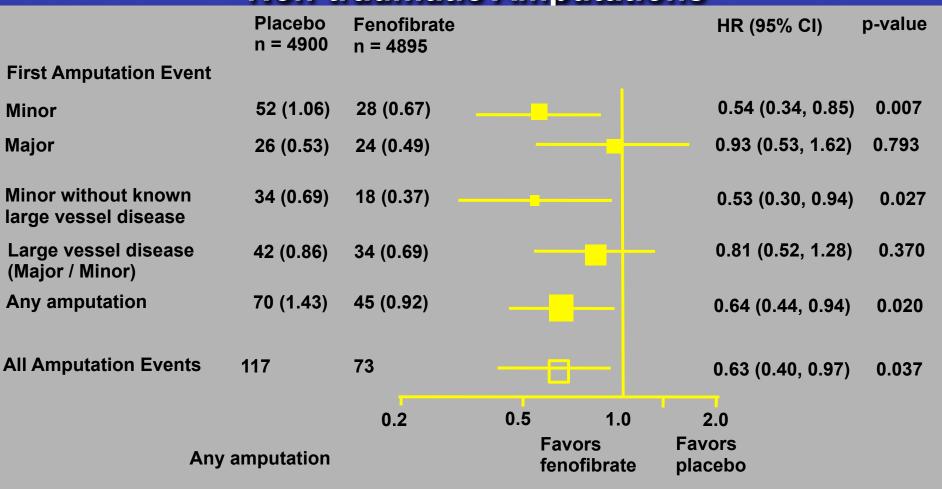
Baseline glucose- Colowering	n Study Ampu n=115	tation	Other CHD Event n=1251	Neither n = 8429
Diet alone Metformin alone Metformin + sulfonylurea Metformin and/or Sulfonylurea other agent Other oral agent alone Insulin + oral agent	8 (7.0)** 10 (8.7)*** (34.8)**** + (4.3%)* 18 (15.7%) 22 (19.1%)	40 5 n/a)****	234 (18.7%) 181 (14.5%) 363 (28.9%) 27 (2.2%) 106 (8.5%) 131 (10.5%)	2386 (28.1%) 1530 (18.2%) 1916 (22.8%) 138 (1.6%) 17483 (5.7%) 588 (7.0%)

P-value from 3-way comparison *p<0.05, ** p<0.01, ***p<0.001 ****p< 0.0001

Non-traumatic Amputations



Non-traumatic Amputations



Risk Factors for Non-traumatic Amputations

Predictor		Risk	P-value
Peripheral Vascular Disease Neuropathy		3.34 3.00	<0.001
Smoking		2.527	0.0001
HbA 1c (1% increase)		1.247	0.0005
Macroalbuminuria		1.875	0.0005
Age (5 year increase)		1.286	0.0006
Male gender	Retinopathy	2.182	0.0010
Microalbuminuria	. ,	2.007	0.0017
Fenofibrate	Previous	1.875	0.0032
nontraumatic amputation		0.64	0.0212
·		3.88	0.0258

Proportional Hazard Model for time to first amputation

Risk Factors for Minor Non-traumatic Amputations

Predictor	Risk	P-value	
Retinopathy Vascular Disease Previous nontraumatic amputation Diabetes duration (additional 5 years) Macroalbuminuria HbA1c (per 1% increase) Fenofibrate	2.574 2.490 5.997 1.248 2.470 1.223	<0.001 0.0002 0020 0.0039 0.0044 0.0097)
Diabetic Retinopathy	0.539 1.907	0.0097 0.0147	

Proportional Hazard Model for time to first amputation

Amputations in T2DM CONCLUSIONS

Minor amputations with/without known large vessel disease occur in a population with higher levels of established microvascular complications of diabetes.

The effect of fenofibrate on amputations was particularly striking in this group, supporting the important clinical benefits of fenofibrate treatment on microvascular disease in type 2 diabetes mellitus