Semaglutide orale per il trattamento dell'obesità e del DM2:

Risultati dei trial OASIS1 e PIONEER PLUS

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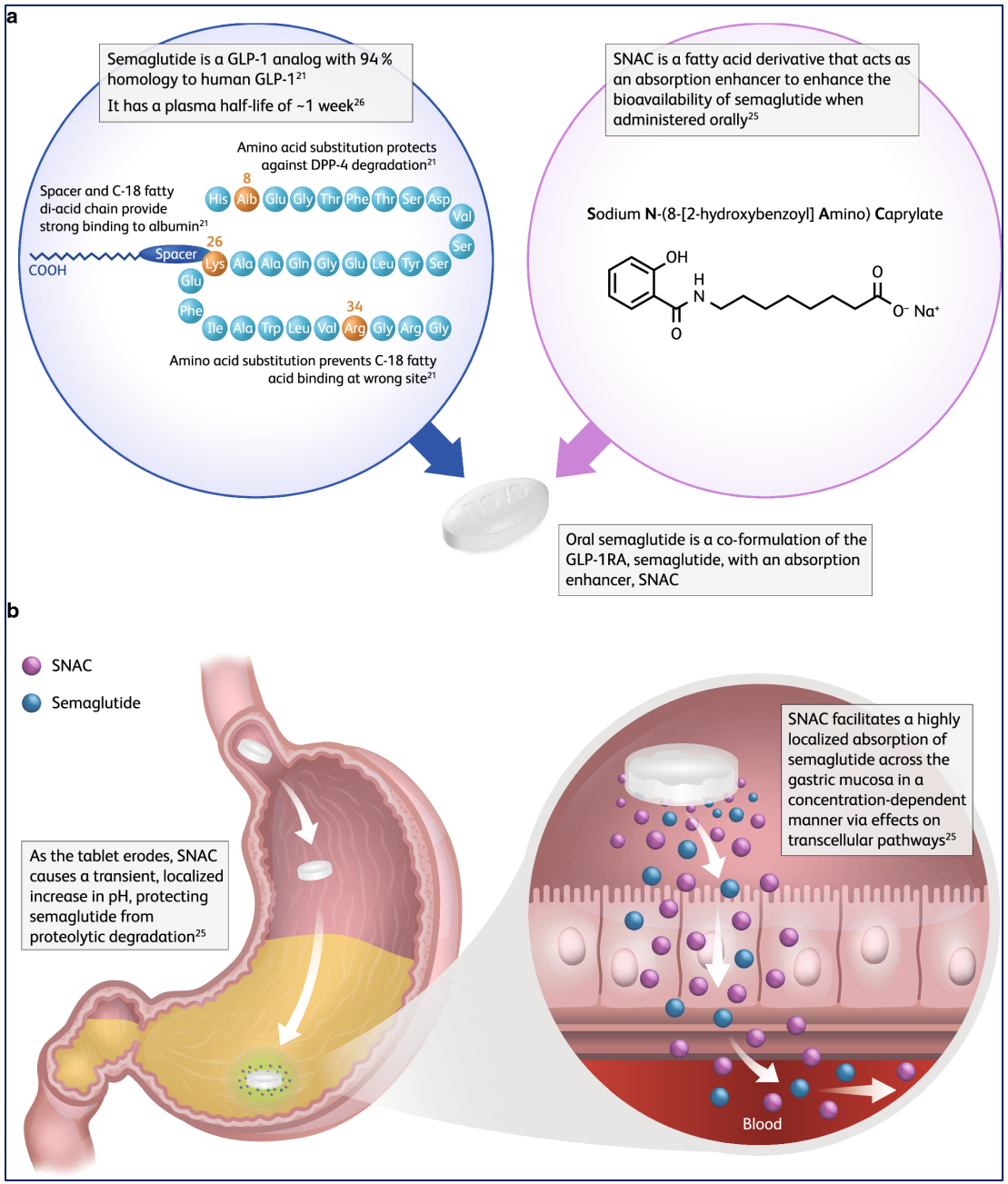
Il linguaggio

Il **linguaggio** ha un ruolo determinante nella diffusione dello stigma sociale dell'obesità.
L'Obesity Action Coalition ha evidenziato come l'uso del termine "obeso" per fare riferimento a persone con eccesso ponderale vada evitato poiché crea sentimenti negativi e perpetua lo stigma.

Per evitare l'uso di un linguaggio inappropriato si suggerisce di utilizzare il cosiddetto "*people-first language*", che riconosce prima la persona rispetto alla condizione da cui è affetta.

Si raccomanda quindi di utilizzare il termine "persone con obesità" e non "persone obese".
Tale linguaggio permette di eliminare lo stigma dell'obesità, non etichettando una persona con la condizione patologica da cui è affetta (altri esempi "persone con diabete", "persone con autismo", "persone con ipertensione").

Position Statement "Un nuovo linguaggio in diabetologia"
A cura del GdL Psicologia e Diabete SID e il Gruppo Psicologia e Diabete AMD



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https://doi.org/10.1007/s40265-021-01499-w

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Oral semaglutide: an OASIS from injectables

Priya Manjoo • Arya M Sharma

Published: August 26, 2023 • DOI: https://doi.org/10.1016/S0140-6736(23)01479-4 •

Nevertheless, having an oral agent that can safely deliver this magnitude of weight loss is a step forward in the pharmacological management of obesity. Medications will neither cure obesity nor address its root causes. Medications are, however, a key piece in the evolving treatment paradigm for people living with obesity. If approved, oral semaglutide would certainly provide an alternative for those who would rather swallow a pill than use a needle.

About the OASIS clinical trial programme

OASIS is a phase 3 clinical development programme with once-daily oral semaglutide 25 mg and 50 mg in obesity. The global clinical phase 3 programme currently consists of four trials, having enrolled approximately 1,300 adults with obesity or overweight with one or more comorbidities.

OASIS 1 – a 68-week efficacy and safety phase 3a trial of once-daily oral semaglutide 50 mg versus placebo in 667 adults with obesity or overweight with one or more comorbidities.

OASIS 2 – a 68-week efficacy and safety phase 3a trial of once-daily oral semaglutide 50 mg versus placebo in 198 East Asian (including Japan) adults with obesity or overweight with one or more comorbidities.

OASIS 3 – a 44-week efficacy and safety phase 3a trial of once-daily oral semaglutide 50 mg versus placebo in 200 Chinese adults with obesity or overweight with one or more comorbidities.

OASIS 4 – a 64-week efficacy and safety phase 3b trial of once-daily oral semaglutide 25 mg versus placebo in 300 adults with obesity or overweight with one or more comorbidities.

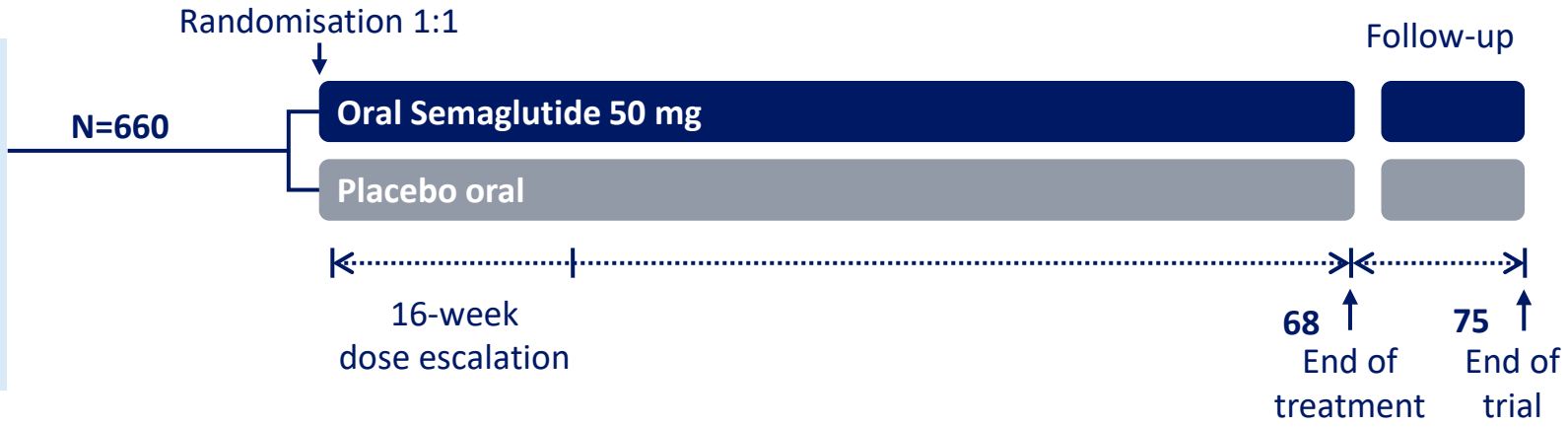
Oral semaglutide 50 mg taken once per day in adults with overweight or obesity (OASIS 1): a randomised, double-blind, placebo-controlled, phase 3 trial

*Filip K Knop, Vanita R Aroda, Ruben D do Vale, Thomas Holst-Hansen, Peter N Laursen, Julio Rosenstock, Domenica M Rubino, W Timothy Garvey, for the OASIS 1 Investigators**

OASIS 1 (Phase 3a)

NN9932-4737

- **BMI: ≥27 kg/m² with ≥1 weight-related comorbidity**, or
- **BMI ≥30 kg/m²**
- Weight-related comorbidities are hypertension, dyslipidemia, obstructive sleep apnoea and CVD



Trial information

- Randomised, double blind
- 4-week dose escalation steps: 3»7»14»25»50 mg
- Treatment duration 68 weeks
- Follow-up 5 weeks

Trial objective

- To compare the efficacy, safety, and tolerability of once daily oral semaglutide 50 mg versus placebo as an adjunct to lifestyle intervention in people with overweight or obesity

Primary endpoint

- Change in body weight from baseline (%); Body weight reduction ≥ 5%

Confirmatory secondary endpoints

- Body weight reduction ≥ 10%, ≥ 15%, and ≥ 20%
- IWQoL-lite physical function, SF-36 physical function

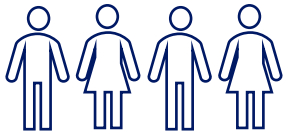
Supportive secondary endpoints

- Change in absolute body weight (kg), waist circumference, blood pressure, glucose homeostasis, glycaemic status, fasting lipids, and hs-CRP
- Achievement of clinically meaningful changes in IWQOL-Lite-CT Physical Function and SF-36v2 Physical Functioning scores
- Achievement of BMI of less than 30 kg/m² in participants whose baseline BMI was 30 kg/m2 or more

BMI, body mass index; BP, blood pressure; CVD, cardiovascular disease; FPG, fasting plasma glucose; HbA_{1c}, glycated haemoglobin; hsCRP, high sensitivity C-reactive protein; IWQoL, Impact of Weight on Quality of Life
ClinicalTrials.gov Identifier: NCT05035095; Knop et al. The Lancet 2023; doi:https://doi.org/10.1016/S0140-6736(23)01185-6

Demographics and baseline characteristics





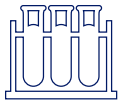
	Female	Mean age	White/Black/Asian/Other[#]
Oral semaglutide	74%	49 years	74/11/6/9%
Placebo	71%	50 years	74/11/7/8%


	Mean body weight	Mean BMI	Mean waist circumference	Mean HbA_{1c}[†]	Prediabetes
Oral semaglutide	104.5 kg	37.3 kg/m^2	112.6 cm	5.6%	40%
Placebo	106.2 kg	37.7 kg/m^2	114.5 cm	5.6%	39%

[#]Other refers to American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other and Not Reported, which is how race is recorded in France.
[†]HbA1c ≥5.7% to <6.5%.. BMI, body mass index; HbA_{1c}, glycated hemoglobin
Knop et al. The Lancet 2023; doi:https://doi.org/10.1016/S0140-6736(23)01185-6

Comorbidities at screening

Comorbidities in ≥10% of patients


	Hypertension	Dyslipidemia	Obstructive sleep apnea	Knee or hip osteoarthritis	Asthma or COPD
Oral semaglutide	43%	38%	13%	10%	12%
Placebo	48%	42%	14%	13%	9%

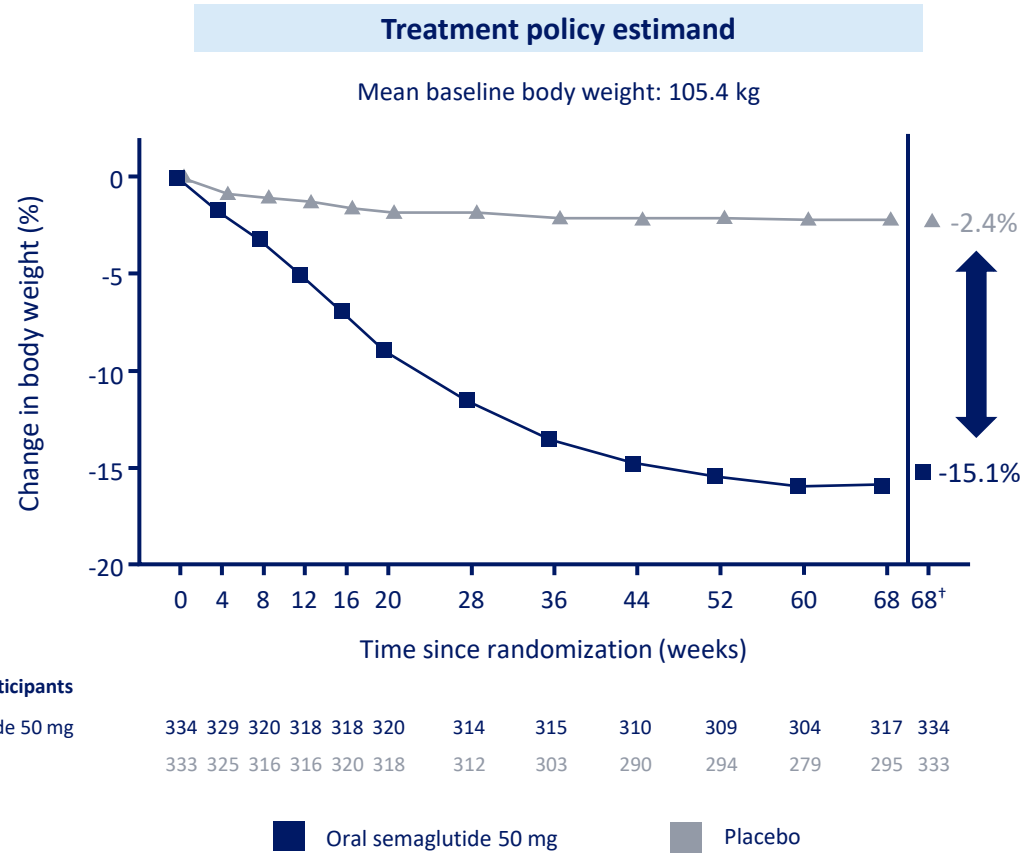
Number of comorbidities

	None	1	2	3	4	≥5
Oral semaglutide	25%	29%	27%	12%	4%	4%
Placebo	22%	30%	26%	15%	5%	2%

N: number of subjects; %: proportion of subjects; Comorbidities evaluated include: dyslipidemia, hypertension, coronary artery disease, cerebrovascular disease, obstructive sleep apnea, impaired glucose metabolism, reproductive system, liver disease, kidney disease, knee or hip osteoarthritis, gout, and asthma/COPD.
COPD, chronic obstructive pulmonary disease.
Knop et al. The Lancet 2023; doi:https://doi.org/10.1016/S0140-6736(23)01185-6

Change in body weight (%) over time

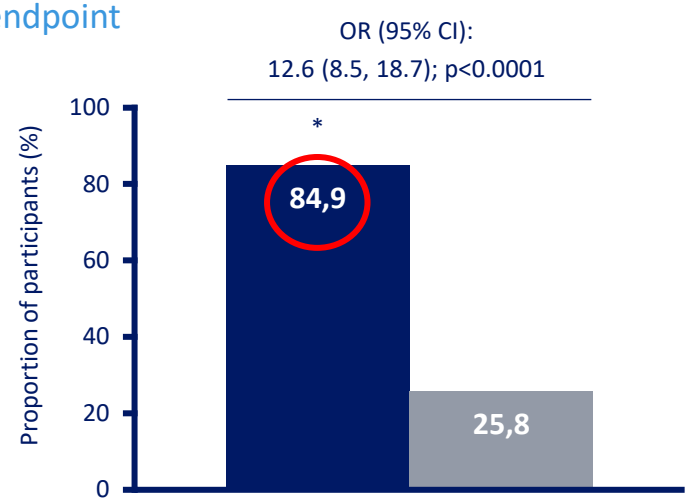
Primary endpoint



Data are observed (i.e., as-measured) mean (standard error) changes from baseline in body weight; numbers below the graphs are the number of participants contributing to the mean (full analysis set); †Estimated mean changes in body weight at Week 68 for the trial product estimand.
Knop et al. The Lancet 2023; doi:https://doi.org/10.1016/S0140-6736(23)01185-6

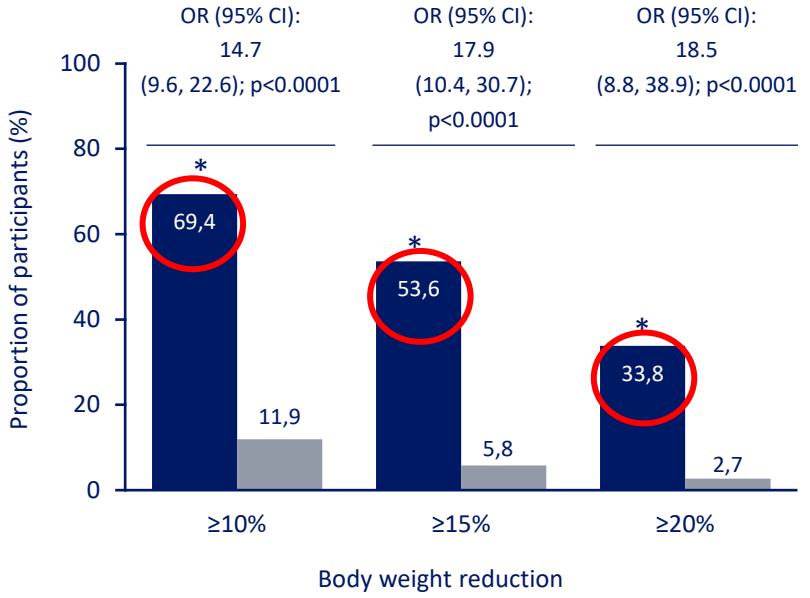
≥5% body weight reduction at week 68

Co-primary endpoint



Categorical body weight reductions at week 68

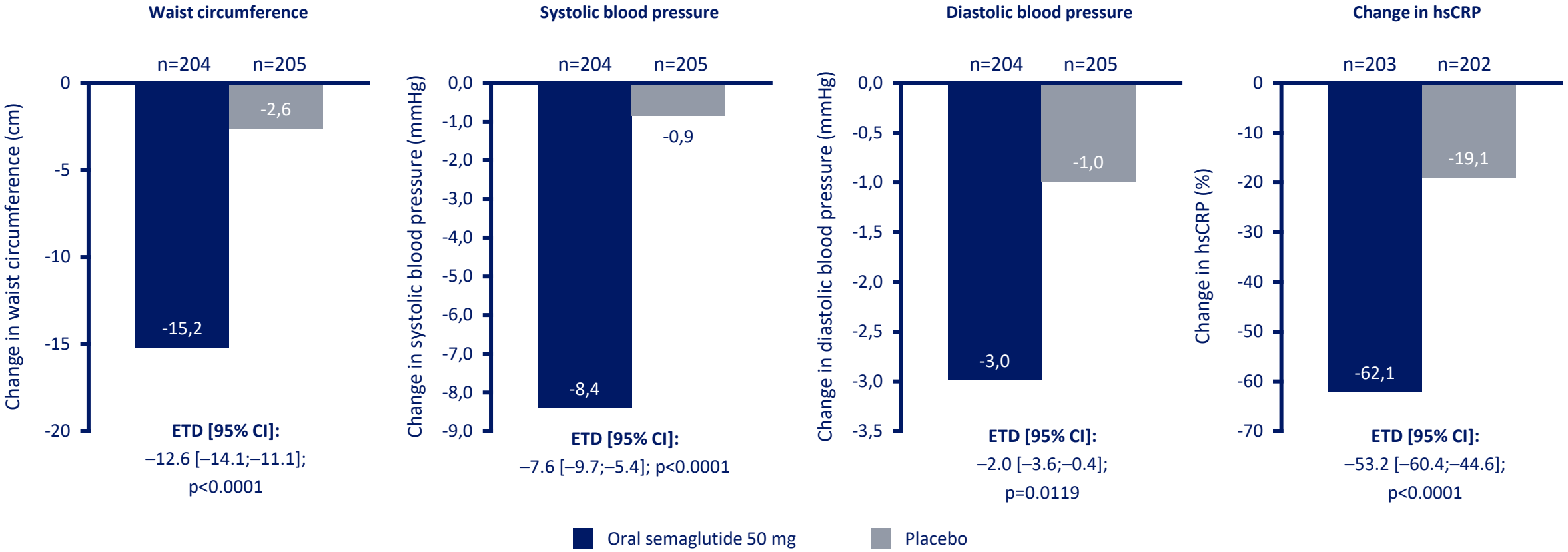
Confirmatory secondary endpoints



Cardiometabolic endpoints at week 68

Supportive secondary endpoints

Outcomes at week 68*



**Trial product estimand*

CI, confidence interval; ETD, estimated treatment difference; hsCRP, high-sensitivity C-reactive protein.

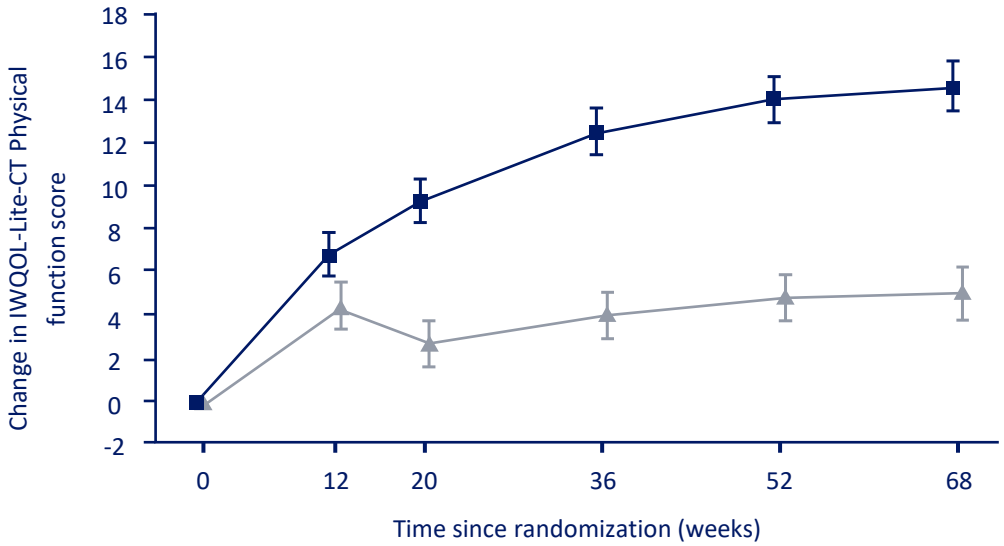
Knop et al. The Lancet 2023; doi:https://doi.org/10.1016/S0140-6736(23)01185-6

Change in IWQOL-Lite-CT physical function score

Confirmatory secondary endpoints

Treatment policy estimand

Mean baseline score: 62.4

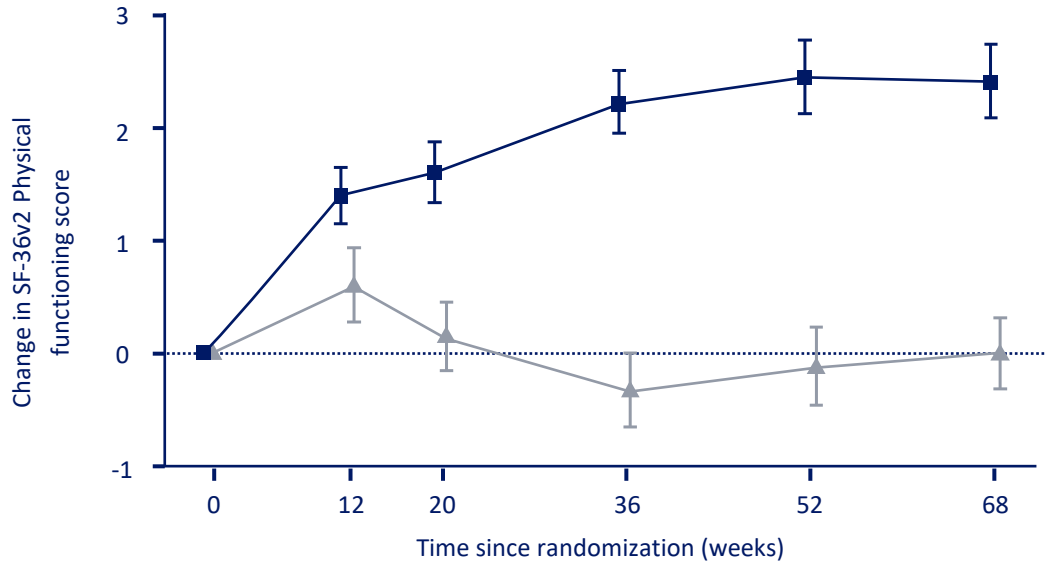


Number of participants						
Oral semaglutide 50 mg	322	297	305	294	292	298
Placebo	328	300	307	282	281	278

SF-36v2 physical functioning score

Treatment policy estimand

Mean baseline score: 51.2



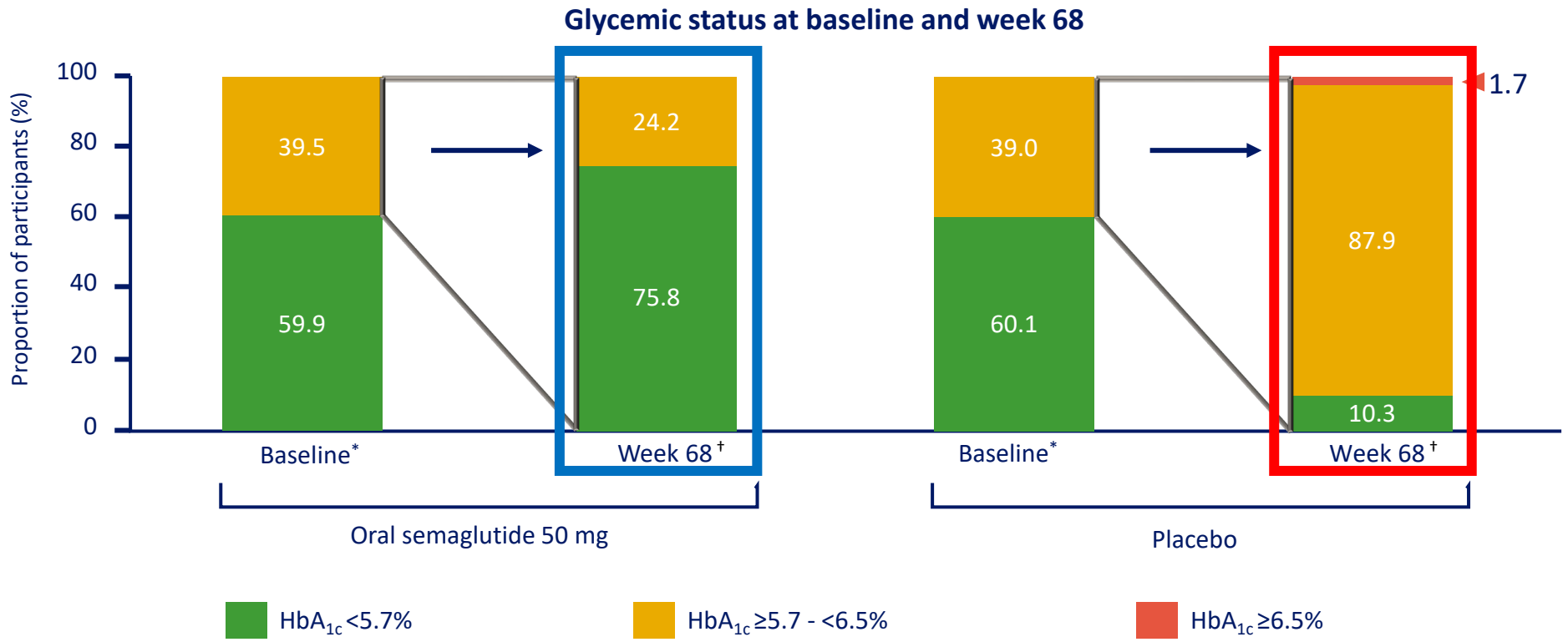
Number of participants						
Oral semaglutide 50 mg	327	303	310	300	297	303
Placebo	331	305	310	283	282	280

Oral semaglutide 50 mg Placebo

Data are for the full analysis set.
IWQOL-Lite-CT, Impact of Weight on Quality of Life-Lite Clinical Trials Version.
Knop et al. The Lancet 2023; doi:https://doi.org/10.1016/S0140-6736(23)01185-6; Supplement to: Knop FK, Aroda VR, do Vale RD, et al. Oral semaglutide 50 mg taken once per day in adults with overweight or obesity (OASIS 1): a randomised, doubleblind, placebo-controlled, phase 3 trial. Lancet 2023; published online June 26. https://doi.org/10.1016/S0140-6736(23)01185-6.

Changes in glycemic status at week 68

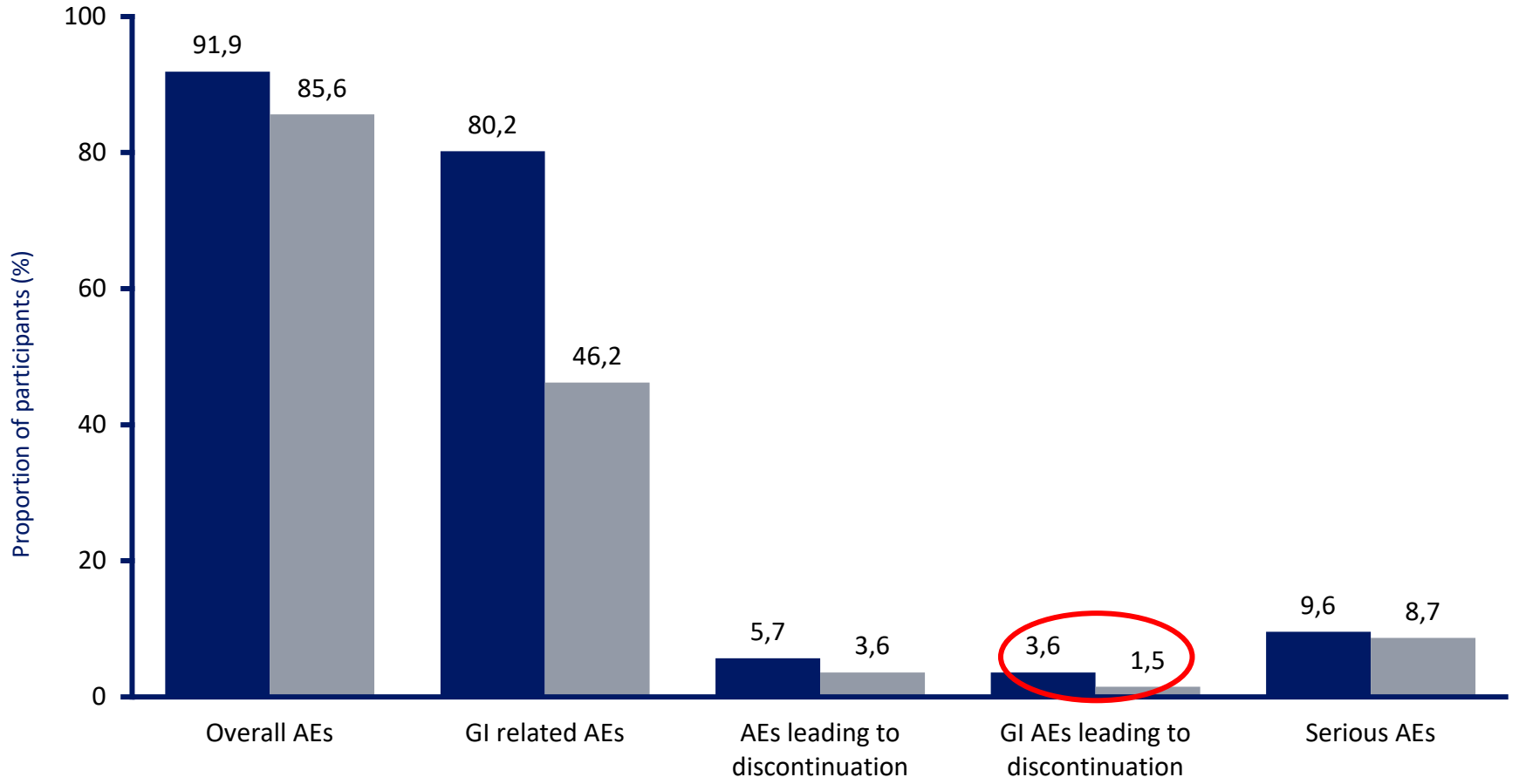
Supportive secondary endpoints



Data are for the full analysis set.
*Glycemic status data are observed proportions that may not total 100 because of rounding. *Baseline glycaemic status in all participants with normoglycaemia and prediabetes. Presence of type 2 diabetes at screening was an exclusion criterion. However, five participants (n=2, oral semaglutide 50 mg; n=3, placebo) developed an HbA1c ≥6.5% between screening and baseline; these participants are not shown in the figure. †Week 68 glycaemic status in participants with baseline prediabetes.*
HbA1c, glycated hemoglobin.
Knop et al. The Lancet 2023; doi:https://doi.org/10.1016/S0140-6736(23)01185-6

Adverse events overview

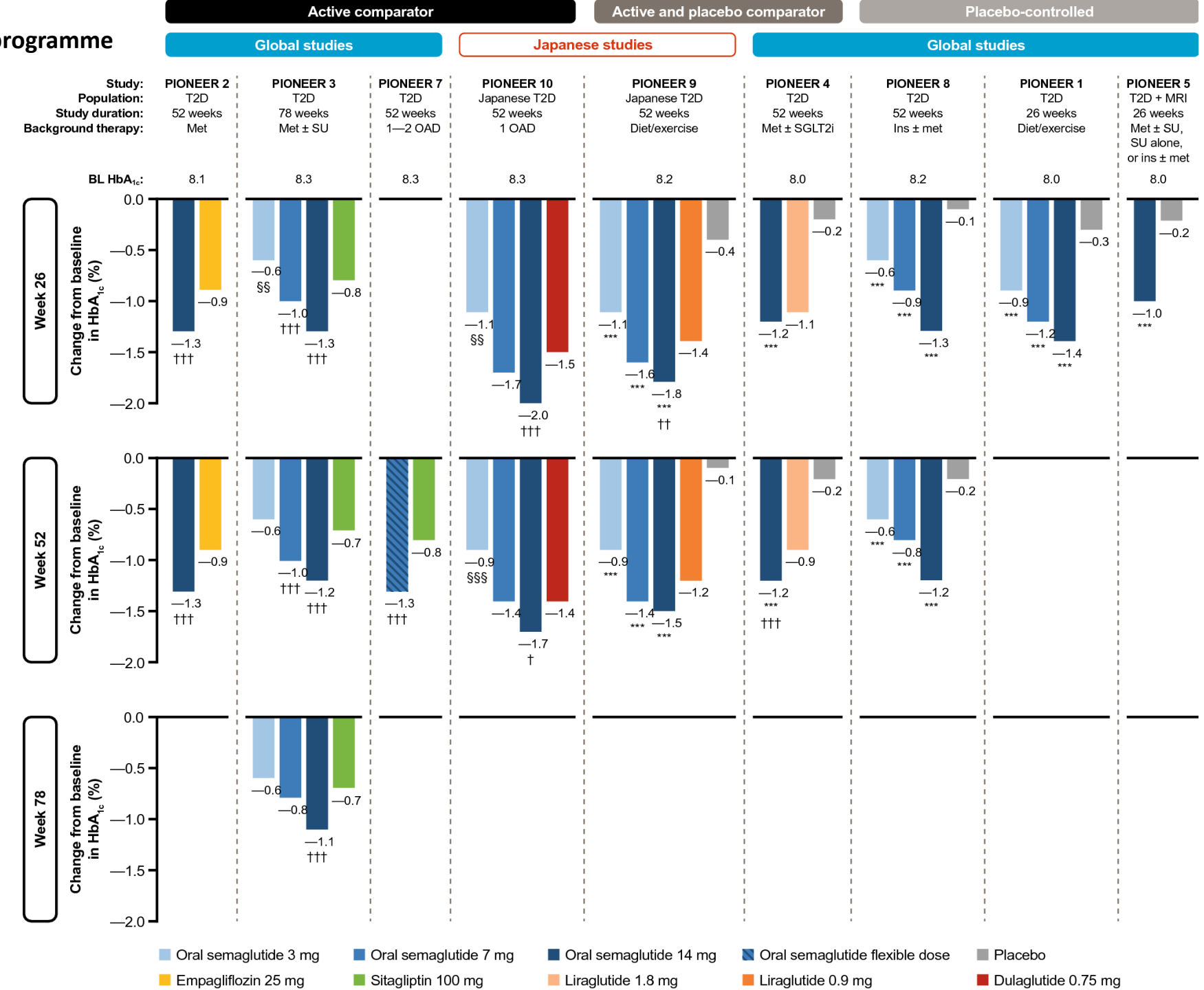
Safety and tolerability data



Data are observed (i.e., as measured) number of events from the on-treatment observation period (the time from the first dose of trial product to 49 days after the last dose for safety analyses, excluding any temporary interruptions) for the safety analysis set.
AES, adverse events; GI, gastrointestinal
Knop et al. The Lancet 2023; doi:https://doi.org/10.1016/S0140-6736(23)01185-6

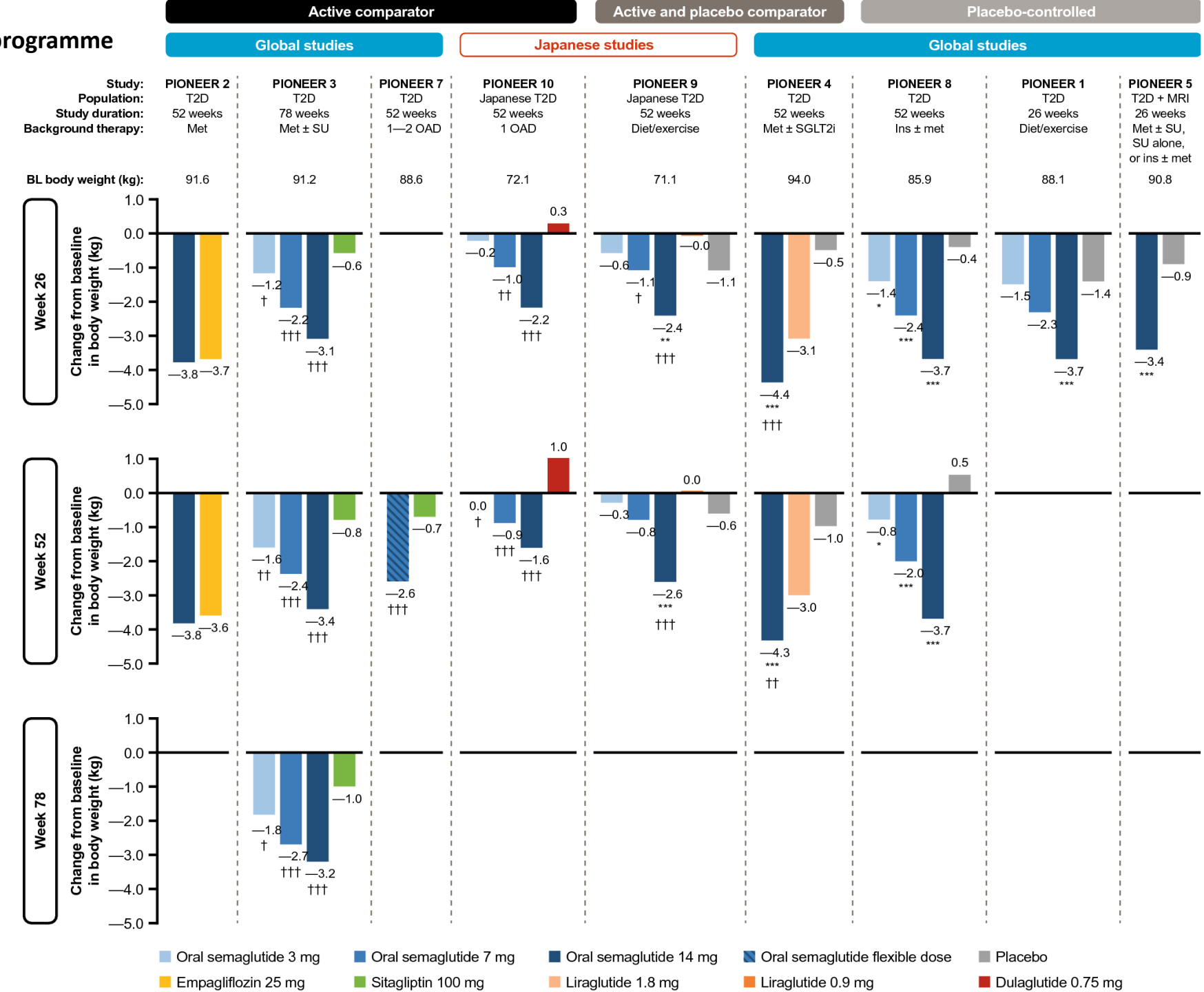
PIONEER clinical trial programme

HbA1c

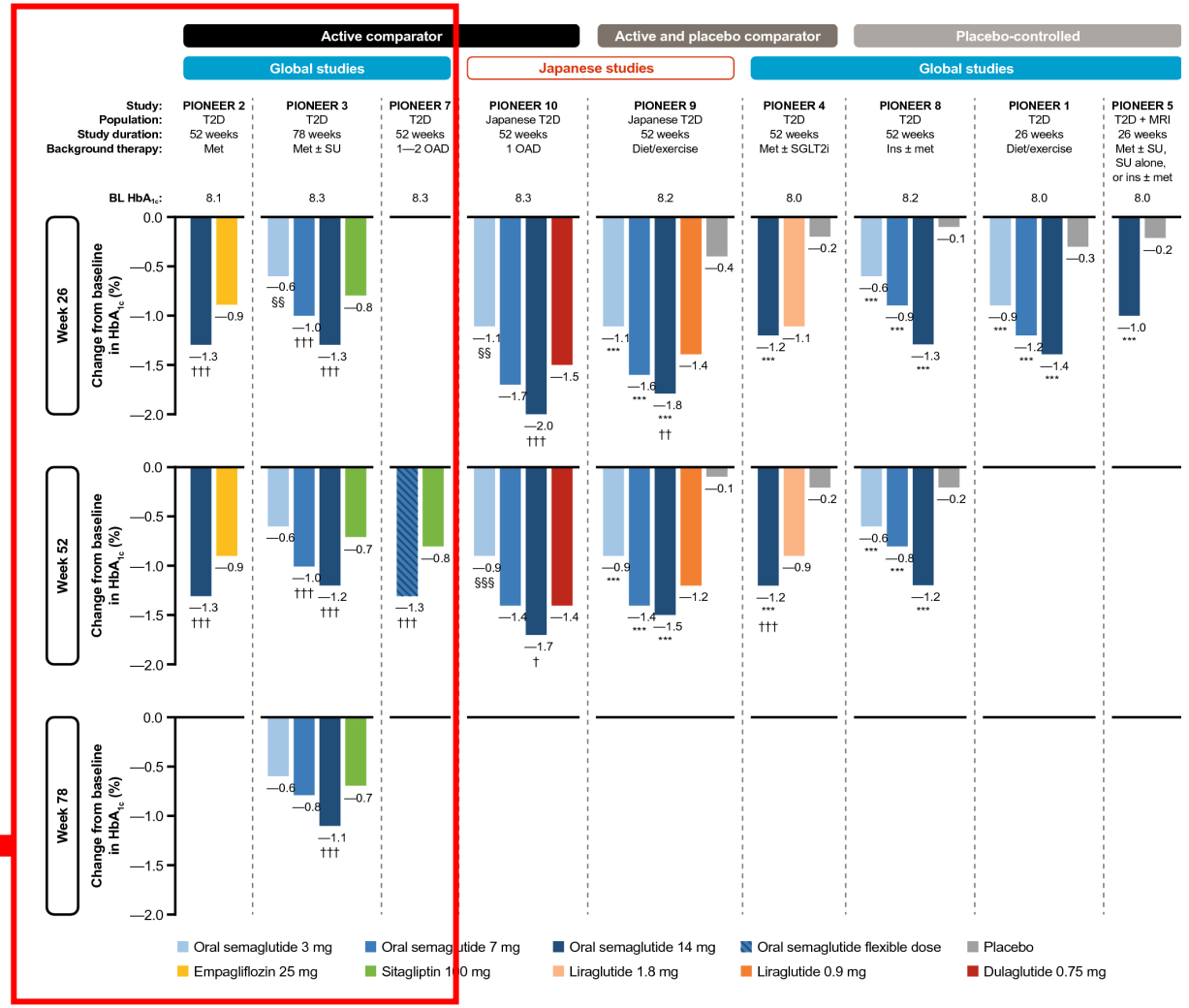


PIONEER clinical trial programme

Body weight



PIONEER clinical trial programme



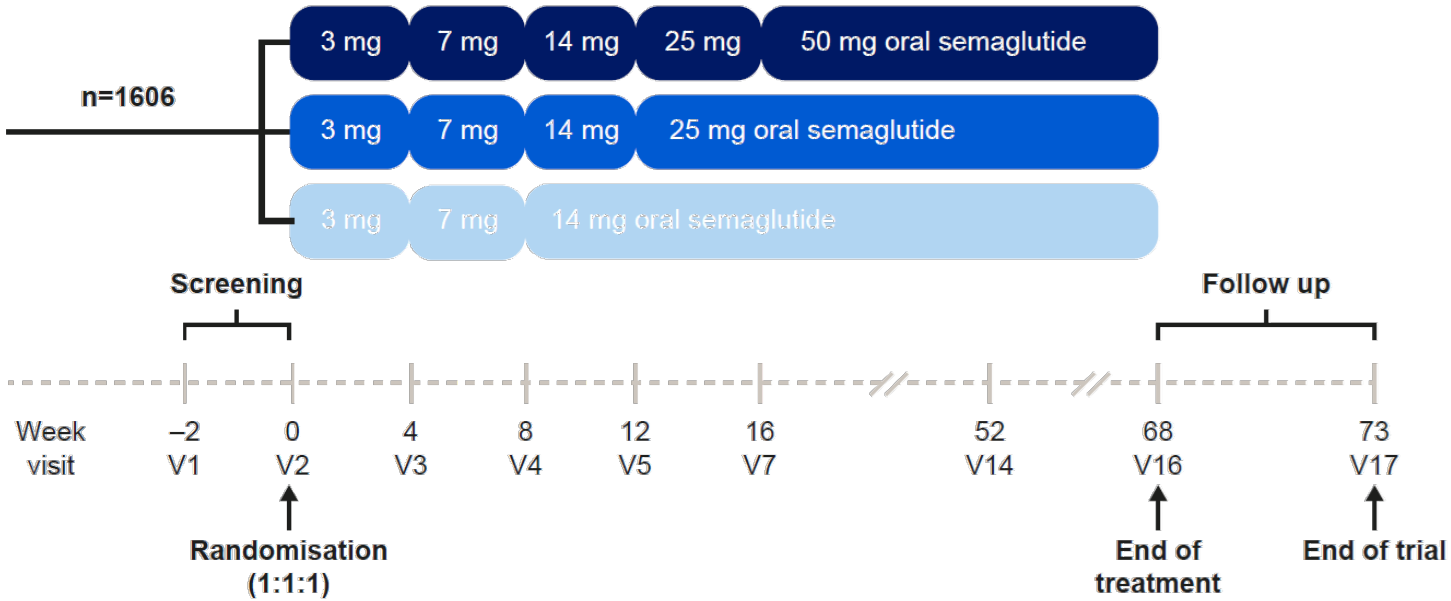
Efficacy and safety of once-daily oral semaglutide 25 mg and 50 mg in adults with type 2 diabetes (PIONEER PLUS): a multicentre, randomised, phase 3b trial

Vanita R Aroda, Jens Aberle, Lars Bardtrum, Erik Christiansen, Filip K Knop, Sanaz Gabery, Sue D Pedersen, John B Buse

Trial design

Key inclusion criteria
- **T2D**
- **HbA_{1c} 8.0-10.5%** (64-91 mmol/mol)
- **Stable daily doses of 1-3 oral glucose-lowering drugs***
- **BMI ≥25.0 kg/m²**

Key exclusion criteria
- eGFR <30 mL/min/1.73 m²
- Treatment for diabetes or obesity within 90 days of screening (excluding short-term insulin)
- Uncontrolled diabetic retinopathy within 90 days of screening
- History of MEN2, MTC, GI surgery or pancreatitis



Primary endpoint

- Change from baseline to week 52 in HbA_{1c}

Confirmatory secondary endpoint

- Change from baseline to week 52 in bodyweight in kg

Supportive secondary endpoints included:†

- Proportion of participants who achieved an HbA_{1c} target of <7.0% or ≤6.5% at week 52
- Change from baseline to week 52 in FPG

Safety

- Adverse events, serious adverse events, GI disorders, hypoglycaemic episodes, CV events, and deaths
- Other safety assessments included changes from baseline to weeks 52 and 68 in vital signs, physical examinations and eye examinations

** Metformin, sulphonylurea, SGLT-2 inhibitor, or DPP-4 inhibitor (participants were asked to discontinue DPP-4 inhibitor treatment at randomisation); † Other supportive secondary endpoints include, change in waist circumference (cm) at week 52, time to rescue medication and change in fasting lipids at weeks 52, percentage change in bodyweight, proportion of participants who achieved weight loss of 5% or more or 10% or more at week 52. All efficacy endpoints were also evaluated at week 68,.*
BMI, body mass index; CV, cardiovascular; DPP-4, dipeptidyl peptidase 4; eGFR, estimated glomerular filtration rate; FPG, fasting plasma glucose; GI, gastrointestinal; MEN2, multiple endocrine neoplasia type 2; MTC, medullary thyroid carcinoma; SGLT-2, sodium glucose co-transporter 2; T2D, type 2 diabetes.
***Adapted from Figure S1.** Trial design*

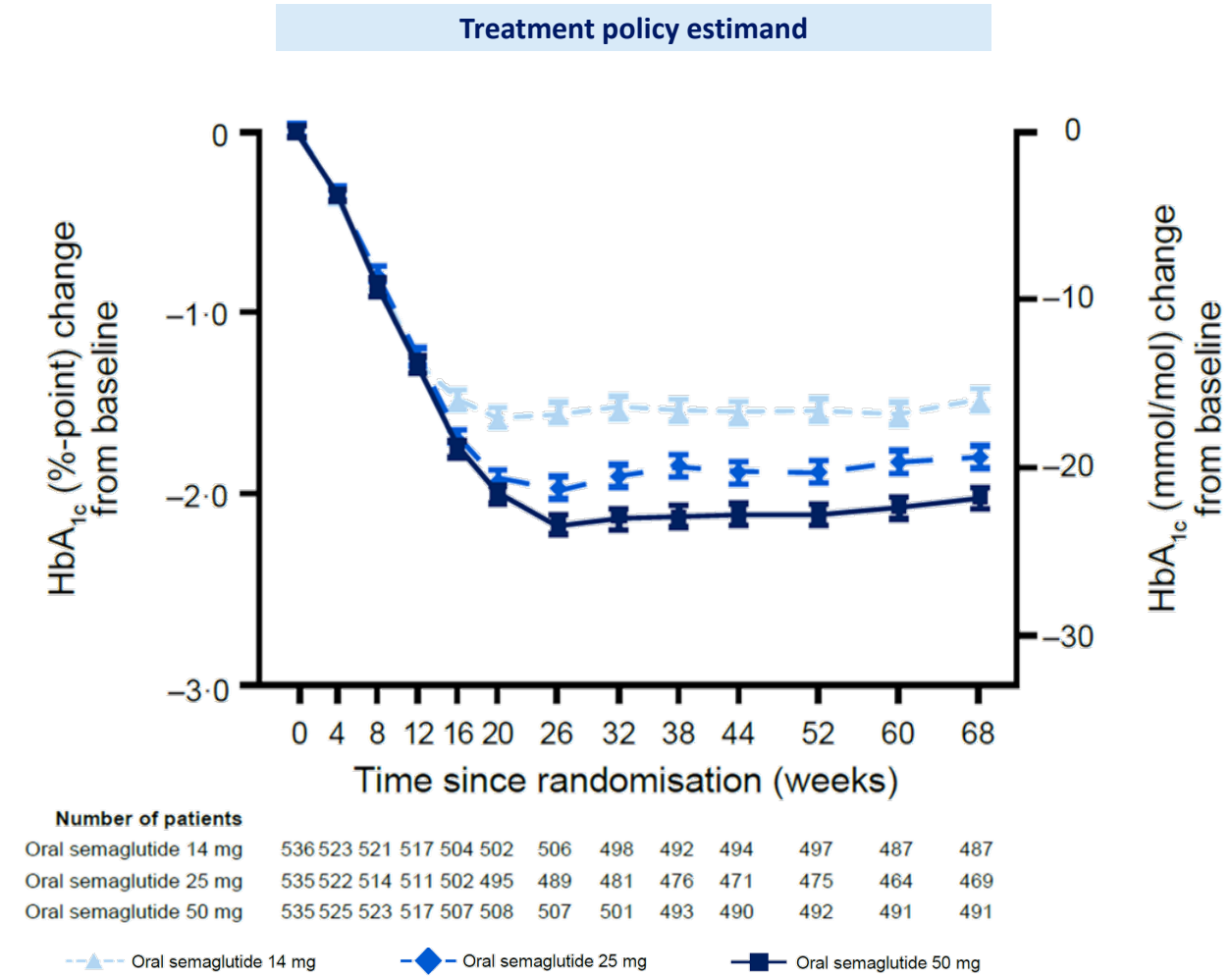
Aroda VR, et al. *Lancet*. 2023; *doi.org/10.1016/S0140-6736(23)01127-3*

	Oral semaglutide 14 mg group (n=536)	Oral semaglutide 25 mg group (n=535)	Oral semaglutide 50 mg group (n=535)
Age, years	58·4 (10·4)	58·8 (10·7)	57·6 (11·2)
Sex			
Female	211 (39%)	231 (43%)	228 (43%)
Male	325 (61%)	304 (57%)	307 (57%)
Race			
White	424 (79%)	432 (81%)	398 (74%)
Asian	85 (16%)	73 (14%)	111 (21%)
Black or African American	19 (4%)	22 (4%)	18 (3%)
American Indian or Alaska Native	1 (<1%)	0	0
Native Hawaiian or other Pacific Islander	0	2 (<1%)	0
Other	7 (1%)	6 (1%)	8 (1%)
Ethnicity			
Hispanic or Latinx	38 (7%)	37 (7%)	36 (7%)
Non-Hispanic or Latinx	498 (93%)	498 (93%)	499 (93%)
Duration of diabetes, years	9·4 (5·9)	9·7 (6·7)	8·9 (5·9)
HbA_{1c}			
mmol/mol	74·2 (8·5)	74·6 (8·2)	74·3 (8·2)
%	8·9 (0·8)	9·0 (0·8)	8·9 (0·7)
Fasting plasma glucose*			
mmol/L	10·8 (2·9)	11·0 (3·1)	10·8 (2·9)
mg/dL	195·1 (52·8)	198·0 (55·4)	195·5 (51·7)
Bodyweight, kg	96·4 (20·8)	96·6 (21·2)	96·1 (22·8)
BMI, kg/m^2	33·7 (6·1)	34·1 (6·5)	33·7 (6·2)
Waist circumference, cm	112 (14)	113 (14)	112 (15)
Systolic blood pressure, mm Hg	132 (14)	133 (14)	132 (14)
Diastolic blood pressure, mm Hg	81 (9)	80 (9)	80 (8)
Concomitant glucose-lowering medication, n			
Metformin	514 (96%)	503 (94%)	507 (95%)
Sulfonylurea	291 (54%)	287 (54%)	287 (54%)
SGLT2 inhibitor	163 (30%)	162 (30%)	159 (30%)
DPP-4 inhibitor	134 (25%)	136 (25%)	133 (25%)

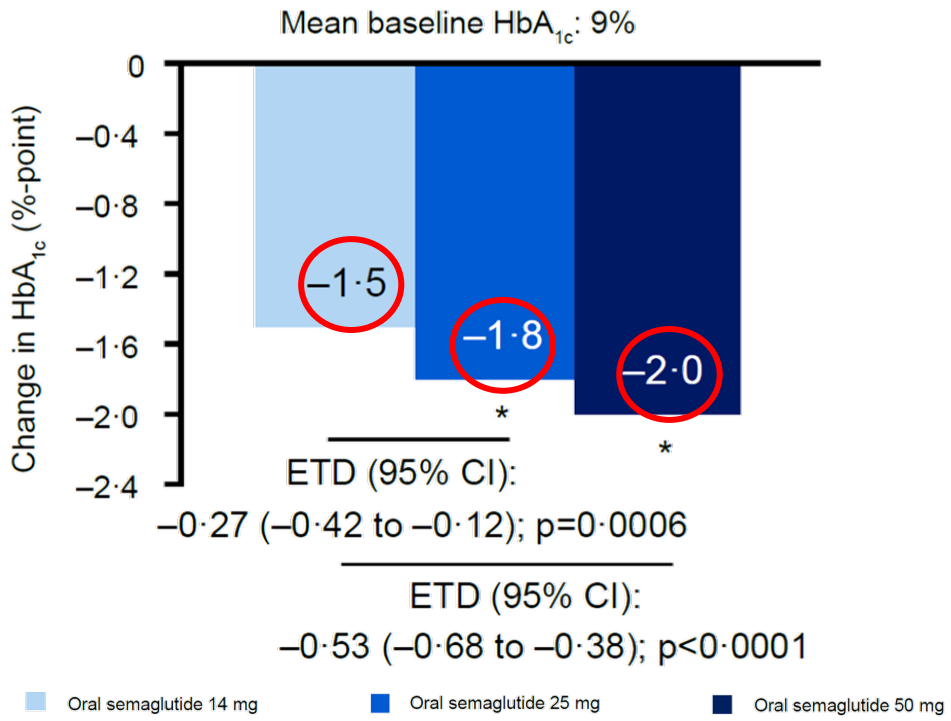
Data are mean (SD) or n (%). *Mean fasting plasma glucose measurements are based on 532, 526, and 530 participants for oral semaglutide 14 mg, 25 mg, and 50 mg, respectively.

Table 1: **Participant demographic and baseline characteristics**

Change from baseline in HbA_{1c}



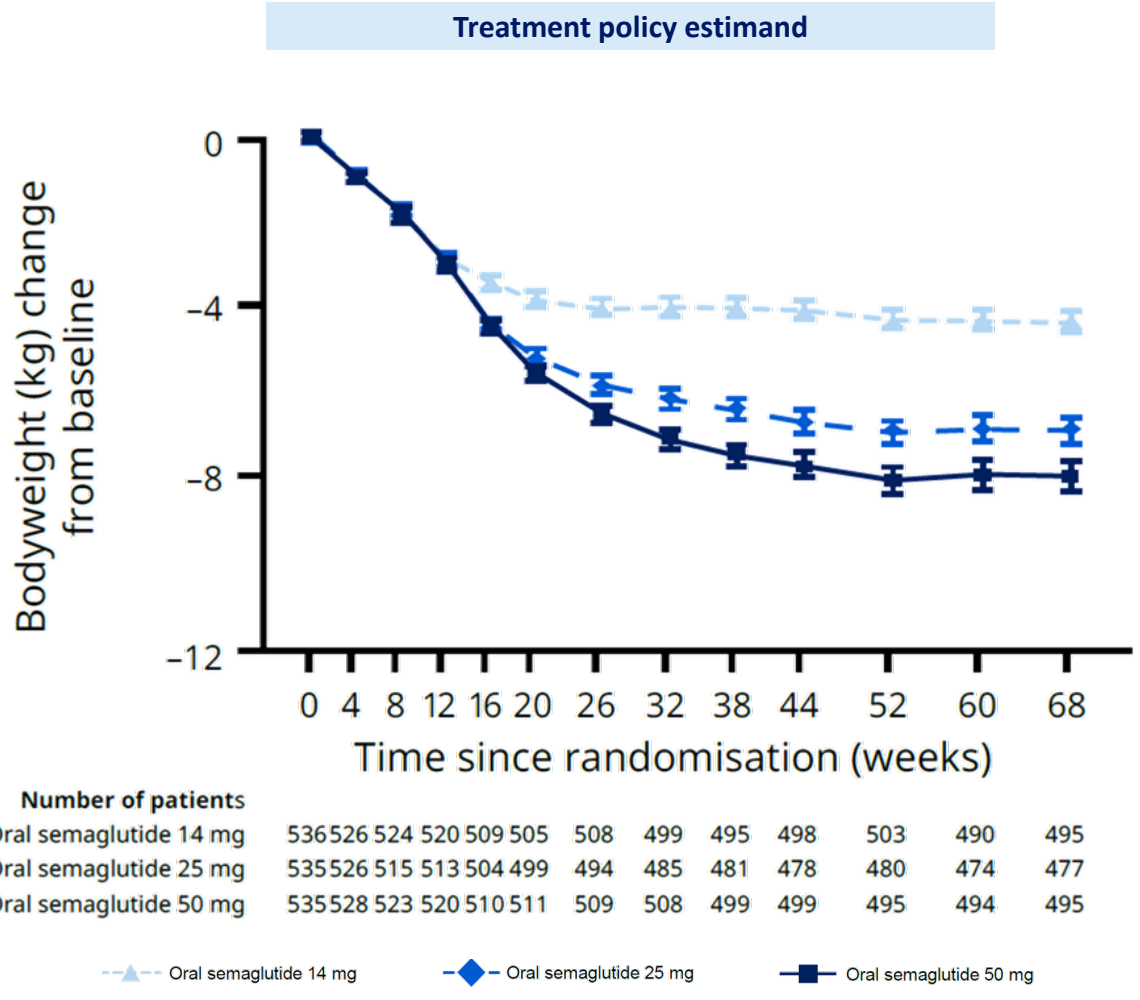
Mean observed change (SEM) in HbA_{1c} (percentage-points) over time with in-trial data for the treatment policy estimand (left) and estimated change in HbA_{1c} from baseline to week 52 for the treatment policy estimand (right). Estimated changes in HbA_{1c} (mmol/mol) from baseline to week 52 were –16·2, –19·2, and –22·0 mmol/mol, respectively, with oral semaglutide 14 mg, 25 mg, and 50 mg using the treatment policy estimand (ETD [95% CI], –2·94 mmol/mol [–4·62 to –1·26], p=0·0006 for 25 mg vs 14 mg; and –5·82 mmol/mol [–7·48 to –4·16], p<0·0001 for 50 mg vs 14 mg).
**Statistically significant versus oral semaglutide 14 mg.*
CI, confidence interval; ETD, estimated treatment difference; SEM, standard error of the mean.
***Adapted from Figure 2:** Glycaemic control-related efficacy endpoints*

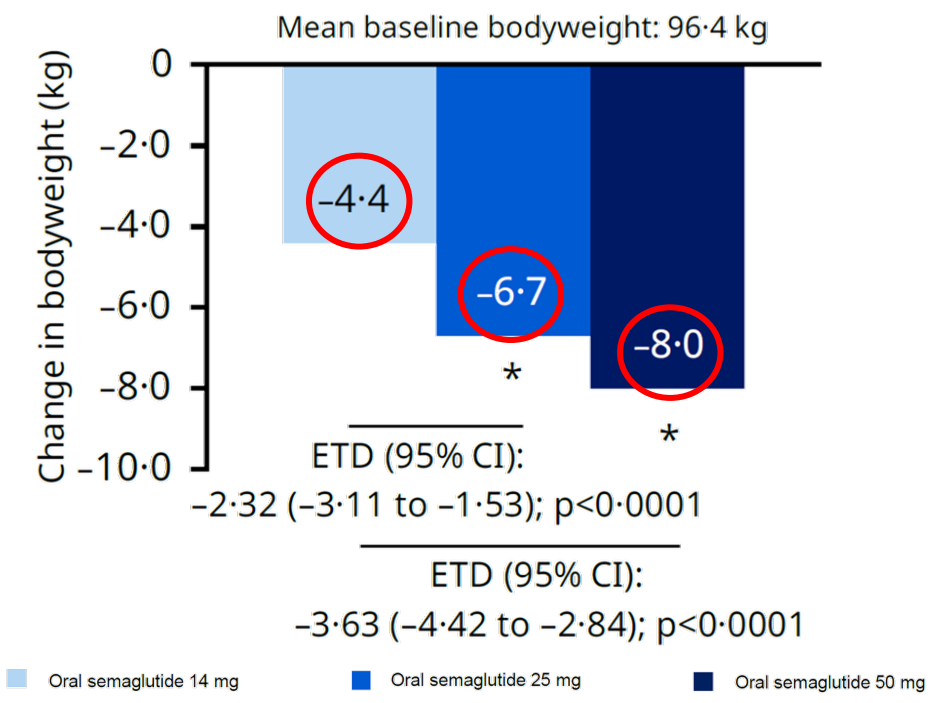


	Treatment policy estimand (primary estimand)		
	Oral semaglutide 14 mg group (n=536)	Oral semaglutide 25 mg group (n=535)	Oral semaglutide 50 mg group (n=535)
HbA_{1c} <7·0%, <53 mmol/mol			
N	497	475	492
n	194 (39%)	240 (51%)	310 (63%)
Estimated odds ratio	..	1·55 (1·19 to 2·01)	2·61 (2·01 to 3·40)
p value	..	0·0011	<0·0001
HbA_{1c} ≤6·5%, ≤48 mmol/mol			
N	497	475	492
n	128 (26%)	188 (40%)	252 (51%)
Estimated odds ratio	..	1·85 (1·40 to 2·44)	3·01 (2·28 to 3·96)
p value	..	<0·0001	<0·0001

Aroda VR, et al. *Lancet*. 2023; *doi.org/10.1016/S0140-6736(23)01127-3*

Change from baseline in bodyweight





	Treatment policy estimand (primary estimand)		
	Oral semaglutide 14 mg group (n=536)	Oral semaglutide 25 mg group (n=535)	Oral semaglutide 50 mg group (n=535)
Bodyweight loss ≥5%			
N	503	480	495
n	206 (41%)	288 (60%)	334 (67%)
Estimated odds ratio	..	2·00 (1·55 to 2·58)	2·80 (2·16 to 3·63)
p value	..	<0·0001	<0·0001
Bodyweight loss ≥10%			
N	503	480	495
n	70 (14%)	139 (29%)	184 (37%)
Estimated odds ratio	..	2·37 (1·72 to 3·27)	3·49 (2·55 to 4·77)
p value	..	<0·0001	<0·0001
Change in waist circumference, cm			
N	502	479	494
Mean change from baseline	−4 (7)	−5 (7)	−6 (7)
Estimated treatment difference	..	−1·2 (−2·0 to −0·4)	−2·3 (−3·1 to −1·5)
p value	..	0·0039	<0·0001

Mean observed change (SEM) in bodyweight (kg) over time with in-trial data for the treatment policy estimand (left) and estimated change in bodyweight from baseline to week 52 for the treatment policy estimand (right).
**Statistically significant versus oral semaglutide 14 mg.*
CI, confidence interval; ETD, estimated treatment difference; SEM, standard error of the mean.
***Adapted from Figure 3:** Bodyweight-related efficacy endpoints*

Aroda VR, et al. *Lancet*. 2023; *doi.org/10.1016/S0140-6736(23)01127-3*

	Oral semaglutide 14 mg group (n=534)			Oral semaglutide 25 mg group (n=534)			Oral semaglutide 50 mg group (n=534)		
	n (%)	Events	Events per 100 patient-years	n (%)	Events	Events per 100 patient-years	n (%)	Events	Events per 100 patient-years
Total adverse events	404 (76%)	1641	244·7	422 (79%)	2055	317·6	428 (80%)	2115	319·9
Adverse events by severity									
Mild	344 (64%)	1117	166·5	345 (65%)	1386	214·2	357 (67%)	1449	219·2
Moderate	202 (38%)	450	67·1	226 (42%)	585	90·4	242 (45%)	604	91·4
Severe	47 (9%)	74	11·0	55 (10%)	84	13·0	46 (9%)	62	9·4
Total serious adverse events	53 (10%)	81	12·1						
Adverse events leading to discontinuation of trial product	54 (10%)	104	15·5						
Fatal events*	2 (<1%)	2	0·3						
Hypoglycaemic episodes†	70 (13%)	323	48·2						
Level 1	55 (10%)	254	37·9						
Level 2	24 (4%)	65	9·7						
Level 3	0	0	..						

	Oral semaglutide 14 mg group (n=534)			Oral semaglutide 25 mg group (n=534)			Oral semaglutide 50 mg group (n=534)		
	n (%)	Events	Events per 100 patient-years	n (%)	Events	Events per 100 patient-years	n (%)	Events	Events per 100 patient-years
Safety focus areas									
Gastrointestinal disorders	225 (42%)	520	77·5	282 (53%)	821	126·9	286 (54%)	922	139·5
Renal disorders	2 (<1%)	2	0·3	6 (1%)	6	0·9	2 (<1%)	2	0·3
Acute kidney injury	2 (<1%)	2	0·3	3 (<1%)	3	0·5	2 (<1%)	2	0·3
Renal impairment	0	0	..	3 (<1%)	3	0·5	0	0	..
Drug-related hepatic disorders	14 (3%)	17	2·5	10 (2%)	12	1·9	11 (2%)	17	2·6
Gallbladder-related disorders	4 (<1%)	8	1·2	8 (1%)	8	1·2	4 (<1%)	6	0·9
Hepatobiliary disorders	4 (<1%)	8	1·2	7 (1%)	7	1·1	3 (<1%)	4	0·6
Cholelithiasis	2 (<1%)	3	0·4	3 (<1%)	3	0·5	3 (<1%)	3	0·5
Pancreatitis	2 (<1%)	2	0·3	1 (<1%)	1	0·2	1 (<1%)	1	0·2
Acute pancreatitis	0	0	..	1 (<1%)	1	0·2	1 (<1%)	1	0·2
Cardiovascular disorders	37 (7%)	54	7·4	42 (8%)	47	6·5	20 (4%)	29	4·0
Malignant neoplasm	6 (1%)	6	0·8	9 (2%)	11	1·5	6 (1%)	6	0·8
Thyroid cancer	0	0	..	0	0	..	0	0	..
Diabetic retinopathy‡	67 (13%)	80	10·9	53 (10%)	66	9·2	60 (11%)	73	10·0

Take home message

- Semaglutide orale:
  - *a STEP forward in the pharmacotherapy of obesity*
  - *an OASIS from injectables*

- Dosaggi **25 - 50 mg/die**: al momento “off label”

- Confermato **beneficio di GLP-1 RA ad alte dosi** (soprattutto su peso corporeo)
  → **inversione della rotta dell’obesità, del diabete e del pre-diabete**

- Aumento degli effetti collaterali GI (effetto “classe”), ma buona tolleranza;
  profilo sicurezza confermato

- Obiettivi terapeutici:
  - Garantire la maggiore aderenza possibile (preferenze del paziente!)
  - Garantire il raggiungimento del massimo dosaggio tollerato, indipendentemente dai modelli organizzativi
    → sfida per i centri diabetologici / assistenza primaria

› Lancet Reg Health Eur. 2023 Mar 17:29:100617. doi: 10.1016/j.lanepe.2023.100617. eCollection 2023 Jun.

Discontinuation and reinitiation of SGLT-2 inhibitors and GLP-1R agonists in patients with type 2 diabetes: a nationwide study from 2013 to 2021

Mariam Elmegaard Malik [1], Alexander Christian Falkentoft [2], Jesper Jensen [1], Deewa Zahir [1], Saaima Parveen [1], Amna Alhakak [3], Charlotte Andersson [4], Mark C Petrie [5], Naveed Sattar [5], John J V McMurray [5], Lars Køber [3 6], Morten Schou [1]

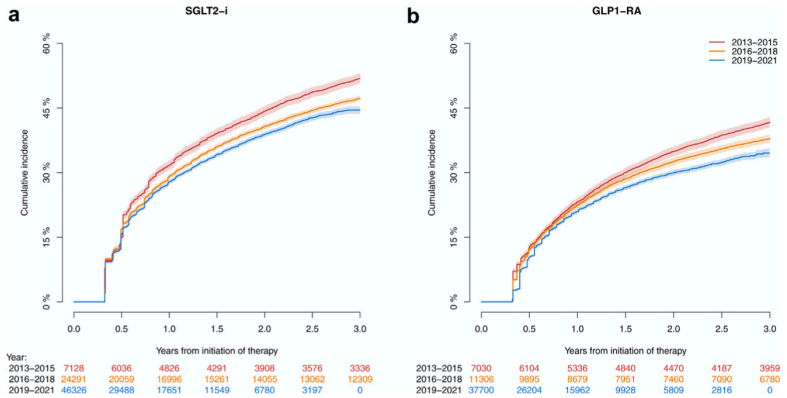


Fig. 3: Cumulative incidence of discontinuation of therapy for SGLT2-i users (Fig. a) and GLP1-1 users (Fig. b) by calendar year of initiation. 3-year cumulative incidence of discontinuation of therapy with 95% confidence intervals and with a limit of the y-axis of 60%. An initial blanking period of 90 days were computed when analysing the discontinuation, due to the definition as a gap of ≥90 days.

Approximately half of the users of SGLT2-is and GLP1-RAs discontinued therapy within five years, respectively.

However, a large proportion of these patients reinitiated therapy during the following year.
Further insight into the reasons for discontinuation and initiatives to reduce the time to reinitiation in eligible patients are warranted.

Physicians' Empathy and Clinical Outcomes for Diabetic Patients

Hojat, Mohammadreza PhD; Louis, Daniel Z. MS; Markham, Fred W. MD; Wender, Richard MD; Rabinowitz, Carol; Gonnella, Joseph S. MD

Author Information

Academic Medicine 86(3):p 359-364, March 2011. | *DOI:* 10.1097/ACM.0b013e3182086fe1

Table 3

Summary Results of Logistic Regression Analysis Predicting Hemoglobin A1c and LDL-C Test Outcomes for 891 Diabetic Patients, Treated Between July 2006 and June 2009, by Levels of Their Physicians' Empathy, Gender, Age of Physicians and Patients, and Type of Patients' Insurance*

Predictors	Odds ratio (95% confidence limits) Hemoglobin A1c <7.0%	LDL-C <100
Physicians' gender		
Female (reference)		
Male	1.5† (1.1–2.0)	0.93 (0.69–1.3)
Physicians' age		
<50 (reference)		
≥50	0.68‡ (0.49–0.94)	0.92 (0.69–1.3)
Patients' gender		
Female (reference)		
Male	0.86 (0.65–1.1)	1.6† (1.2–2.1)
Patients' age		
<56 (reference)		
≥56	1.2 (0.85–1.6)	1.3 (0.98–1.8)
Insurance		
Private (reference)		
Medicare	1.5† (1.1–2.0)	0.96 (0.69–1.3)
Medicaid	0.86 (0.56–1.3)	1.3 (0.83–2.0)
Physicians' empathy score		
Low (reference)		
Moderate	1.5† (1.1–2.0)	1.4† (1.1–2.0)
High	1.8‡ (1.3–2.7)	1.8‡ (1.2–2.6)

* From a study of physicians' empathy and patients' outcomes, Jefferson Medical College.
† $P < .05$.
‡ $P < .01$.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