Identifying participants and eligibility criteria

Participant Identification/pre-screening

Identification of potentially eligible trial participants by the research or clinical teams may make use of any or all of the following:

- Secondary care (i.e. via contact with participants through specialist diabetes or cardiovascular services such as clinics or educational classes).
- Local diabetes or heart failure databases (i.e. where participants have given prior consent to be contacted for future research projects, e.g., the NHS Research Scotland Diabetes Network, Diabetes Research Register or similar databases with appropriate approval in other NHS Boards/Trusts as defined locally).
- Scottish Health Research Register (SHARE).
- Clinical Research Networks.
- Primary care (i.e. via Primary Care Networks and Participant Identification Centres).

Participant Identification/pre-screening

- When first contact is made:
  - At a hospital service (e.g. at clinics) clinical team gives the participant a copy of the brief Participant Information Sheet (bPIS). The clinical team will ask if the participant agrees for their details to be passed to the research team or, if they prefer, to contact trial team using contact details provided in bPIS.
  - Via invitation letter (e.g. using local database) the bPIS is posted together with the invite letter to the participant. If no response, one follow-up invite may be sent.
- Where a potential participant expresses interest to take part and to be contacted by a member of the trial team, a full Participant Information Sheet (PIS) must be provided.
- Potential participants should be given at least 24 hours to consider whether or not to participate after receiving the full PIS before a screening visit is arranged.

Participant Identification/pre-screening

Anonymised information on pre-screening activity must be recorded on the **Pre-screening Log** for CONSORT reporting and includes:

- Date of pre-screening (month & year).
- Source of Pre-screening (e.g. Clinic or local database).
- Number of individuals pre-screened, potentially eligible and not eligible.
- Criteria used for initial search/list review.
- Reason for ineligibility.
- Number of individuals contacted.

Pre-screening Log

SOtagliflozin in Patients with Heart failure and Type 1 Diabetes

IRAS ID	1007807

Sponsor	University of Dundee / NHS Tayside
Chief Investigator	Dr Ify Mordi

Site	
Principal Investigator	

Please provide details of pre-screening activities (i.e. for the purposes of identification of potential eligible participants before consent is obtained). First row is provided as an example.

Date of pre-screening (month & year)	Source of Pre-screening	Number of individuals pre-screened	Inclusion/exclusion criteria used for initial search/list review (select all that apply)				Number of potentially eligible individuals identified	Number of individuals not eligible	Provide number of ineligible individuals for each ineligibility												Number of individuals contacted
			Age (18 to 84 years)	Type 1 diabetes	Heart failure diagnosis	Other (Please specify all other criteria used)			Age (<18 years or ≥85 years)	Cardiac surgery within last 30 days	End-stage heart failure requiring mechanical support	No previous heart failure hospitalisation or diagnosis	Previous hypersensitivity /intolerance to SGLT2 inhibitors.	Taking part in another interventional trial	Currently on sotagliflozin	End stage renal failure (eGFR<25ml/min/1.73m2)	Documented primary severe valvular heart disease, amyloidosis or hypertrophic cardiomyopathy as main cause of heart failure	Malignancy with expected life expectancy <1 year	End stage liver disease	Other (Please specify number of individuals per additional reason)	
e.g. 06-2024	Clinic - Diabetes	10	Yes	Yes	Yes	Not having end stage heart failure	5	5		1			1		2					Pregnant (1)	5

Eligibility - Inclusion Criteria

1. Age 18 to <85 years

2. Clinical diagnosis of Type 1 Diabetes

3. Insulin dose ≥0.5 units/kg body weight at screening **or** BMI ≥25kg/m2 at screening

4. Using continuous glucose monitor at screening or willing to use one for the duration of the trial.

Eligibility - Inclusion Criteria continued

5. Diagnosis of heart failure (HF) regardless of left ventricular ejection fraction (LVEF), defined as:

- Previous HF hospitalisation where HF was documented as the primary cause of hospitalisation and there was a requirement for loop diuretics

or

- Impaired left ventricular (LV) function (i.e. LVEF <50% by any imaging modality) at any time

or

- Preserved LV systolic function (LVEF ≥50%) with left atrial enlargement (2-dimensional measurement of left atrial width ≥3.8cm or left atrial length ≥5.0 cm or left atrial area ≥20cm^2 or left atrial volume index >29 ml/m^2) within the last 24 months.

or

- Preserved LV systolic function (LVEF ≥50%) with left ventricular hypertrophy (2-dimensional measurement of end-diastolic interventricular septal diameter ≥1.2cm or end-diastolic left ventricular posterior wall diameter ≥1.2cm) within the last 24 months.

or

- Preserved LV systolic function (LVEF ≥50%) with diastolic dysfunction (septal e' <7cm/sec or lateral e' <10cm/sec or average E/e' ≥15) within the last 24 months.

Eligibility - Inclusion Criteria continued

6. New York Heart Association Class II-IV at screening.

7. Elevated N-terminal pro-B-type natriuretic peptide (≥400 ng/L for those in atrial fibrillation/flutter, ≥250 ng/L for those in all other rhythms) **or** B-type natriuretic peptide (≥100 ng/L for those in atrial fibrillation/flutter, ≥75 ng/L for those in all other rhythms) within 12 months of screening.

8. Kansas City Cardiomyopathy clinical summary score <85 at screening.

Eligibility - Exclusion Criteria

1. Cardiac surgery (coronary artery bypass graft or valve replacement), type 1 myocardial infarction, implantation of cardiac device (including biventricular pacemaker) or cardiac mechanical support implantation within 1 month of screening, or between screening and randomisation, or planned during the trial.

2. End-stage heart failure requiring left ventricular assist devices, intra-aortic balloon pump, or any type of mechanical support at the time of randomisation.

3. Documented primary severe valvular heart disease, amyloidosis or hypertrophic cardiomyopathy as principal cause of heart failure as judged by the local investigator.

4. Respiratory disease thought to be the primary cause of dyspnoea as assessed by the local investigator.

5. Chronic kidney disease with estimated glomerular filtration rate <25ml/min/1.73m2 at screening.

Eligibility - Exclusion Criteria

6. Moderate or severe hepatic impairment (e.g. Child-Pugh B and C) at screening as judged by the local investigator.

7. Use of sotagliflozin or any SGLT2 inhibitor within 1 month of screening or between screening and randomisation.

8. Previous hypersensitivity/intolerance to SGLT2 inhibitors.

9. Presence of malignancy with expected life expectancy <1 year at screening.

10. Severe hypoglycaemia (hospitalisation for hypoglycaemia or episode requiring external assistance to treat) within 1 month prior to screening or between screening and randomisation.

Eligibility - Exclusion Criteria continued

11. One episode of diabetic ketoacidosis or nonketotic hyperosmolar state within 1 month of screening or between screening and randomisation, or ≥2 diabetic ketoacidosis or nonketotic hyperosmolar state events within 6 months of screening.

12. Pregnant or lactating women.

13. Women of child-bearing age or male partners of women of child-bearing age and not practicing an acceptable method of birth control (see section 8.11 of protocol).

14. On a ketogenic diet

15. Unwilling/unable to share glucose and ketone monitoring data.

16. Use of any investigational drugs within five times of the elimination half-life after the last dose or within 30 days, whichever is longer. Current enrolment in non-interventional, observational studies will be allowed.

Ineligible participants

- Where an individual is found to be ineligible for trial participation, they will be thanked and the reasons for the ineligibility fully explained. Any queries or questions will be answered by an appropriate member of the trial team.

- If ineligibility is related to an incidental finding (IF) which is clinically significant, it will be reported to the participant's healthcare provider (e.g. GP and/or consultant by the site PI), with the consent of the individual.

- Where an ineligible participant's medical condition or concomitant medications change sufficiently so that they are deemed potentially eligible for the trial they may be rescreened one further time. All screening procedures will be repeated, and eligibility checked.