

Icosapent ethyl found to significantly reduce revascularizations in statin patients

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Patients with high lipid levels have an increased risk for ischemic events, despite statin therapy. Findings presented as late-breaking science during the SCAI 2020 Scientific Sessions Virtual Conference revealed that for statin-treated patients with elevated triglycerides and increased cardiovascular risk, icosapent ethyl significantly reduced first and subsequent revascularizations compared with placebo.

"Prior therapies aimed at patients with elevated triglycerides have not demonstrated a consistent benefit in reducing [coronary revascularization](#)," said Benjamin Peterson, MD, [interventional cardiology](#) fellow at Brigham and Women's Hospital Heart & Vascular Center and Harvard Medical School, and lead author of the REDUCE-IT REVASC analyses. "We were able to show that treating patients with icosapent ethyl who have elevated triglycerides on [statin therapy](#), and who also have either cardiovascular disease or diabetes plus [cardiovascular risk](#) factors, resulted in a significant reduction in revascularization, including coronary stenting and cardiac bypass surgery."

REDUCE-IT, a multicenter, double-blind, placebo-controlled trial, randomized statin-treated patients with elevated triglycerides (135-499 mg/dL), controlled LDL (41-100 mg/dL), and established [cardiovascular disease](#) or diabetes plus risk factors to icosapent ethyl 4g daily or placebo. The primary composite and other cardiovascular endpoints were substantially reduced. Prespecified analyses examined all coronary revascularizations, recurrent revascularizations, and revascularization subtypes.

Peterson stated that earlier REDUCE-IT analyses suggested that such cardiovascular benefits with icosapent ethyl were not substantially impacted by baseline triglyceride levels or on-study triglyceride reductions.

"Overall, there was a 34% reduction in first revascularization events, and even higher reductions in subsequent revascularization events among statin-stabilized patients treated with icosapent ethyl versus placebo. There was also a significant 32% reduction in stenting and a 39% reduction in the need for coronary artery bypass grafting (CABG) in this double-blind, placebo-controlled trial with independent adjudication of events," he continued.

The study investigators stated that they are not aware of any other non-LDL based therapy that has been shown to reduce CABG in a blinded, randomized trial and concluded that many patients who are treated with stents qualify for treatment with icosapent ethyl. Screening for eligibility and starting treatment among patients who undergo cardiac stenting either at the time of the initial procedure or during follow-up could result in a large reduction in the need for repeat cardiac stenting or bypass surgery.

Provided by Society for Cardiovascular Angiography and Interventions

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