



Interventional Cardiology

ICOSAPENT ETHYL (ICOSAPENTAENOIC ACID ETHYL ESTER) REDUCES POTENTIALLY ATHEROGENIC LIPID, LIPOPROTEIN, APOLIPOPROTEIN, AND INFLAMMATORY PARAMETERS IN HIGH-RISK, STATIN-TREATED PATIENTS WITH PERSISTENT ELEVATED TRIGLYCERIDES AND HIGH-SENSITIVITY C-REACTIVE PROTEIN: A POST HOC SUBANALYSIS OF THE ANCHOR STUDY

Poster Contributions
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Session Title: Pharmacologic and Non-Pharmacologic Updates in Cardiovascular Disease
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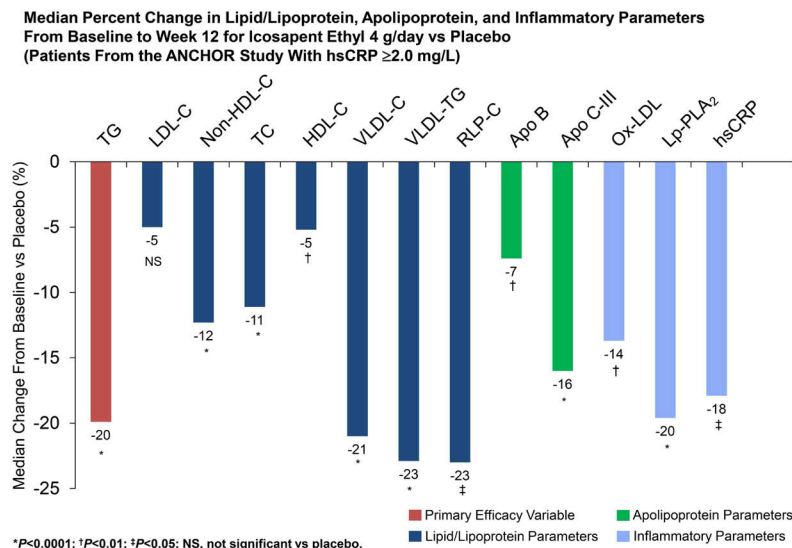
Authors: Michael Miller, Christie Ballantyne, Harold Bays, Craig Granowitz, Ralph Doyle, Rebecca Juliano, Sephy Philip, Amarin Pharma Inc., Bedminster, NJ, USA

Background: Elevated hsCRP is associated with increased CV risk. Icosapent ethyl is high-purity prescription eicosapentaenoic acid approved at 4 g/day as an adjunct to diet to reduce triglycerides (TGs) in adults with TG ≥ 500 mg/dL.

Methods: The 12-week ANCHOR study randomized 702 statin-treated patients at increased CV risk with TGs 200-499 mg/dL despite LDL-C control (40-99 mg/dL). This post-hoc analysis assessed 246 ANCHOR patients with baseline hsCRP ≥ 2.0 mg/L (55% male, 98% white, 75% with diabetes; mean age, 61 years) randomized to icosapent ethyl 4 g/day (n=126) or placebo (n=120). Analyses included median percent change from baseline to week 12 vs placebo in lipids, lipoproteins, and inflammatory markers.

Results: Icosapent ethyl significantly reduced TGs (-20%; $P < 0.0001$) without increasing LDL-C vs placebo. Other atherogenic and inflammatory parameters also significantly improved vs placebo (Figure). Eicosapentaenoic acid levels increased 637% in plasma and 632% in red blood cells vs placebo (both $P < 0.0001$). Icosapent ethyl exhibited a safety profile similar to placebo.

Conclusion: In statin-treated patients with TGs 200-499 mg/dL and hsCRP ≥ 2.0 mg/L, icosapent ethyl 4 g/day safely and significantly reduced TGs and other atherogenic and inflammatory parameters without increasing LDL-C vs placebo. The REDUCE-IT trial is evaluating the potential benefit of icosapent ethyl on CV outcomes in statin-treated patients with high CV risk, including some patients with hsCRP ≥ 2.0 mg/L.



TG, triglycerides; LDL-C, low-density lipoprotein cholesterol; non-HDL-C, non-high-density lipoprotein cholesterol; TC, total cholesterol; HDL-C, high-density lipoprotein cholesterol; VLDL-C, very-low-density lipoprotein cholesterol; VLDL-TG, very-low-density lipoprotein triglycerides; RLP-C, remnant-like particle cholesterol; Apo, apolipoprotein; ox-LDL, oxidized low-density lipoprotein; Lp-PLA₂, lipoprotein-associated phospholipase A₂; hsCRP, high-sensitivity C-reactive protein.