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## **NEW DRUG SHOWS PROMISE IN REDUCING ATHEROSCLEROSIS AND CARIOVASCULAR EVENTS**

**CHICAGO, IL** – Despite the widespread use of statins to reduce high cholesterol, many individuals who take them continue to suffer from atherosclerosis and remain at risk for heart attacks. But now, an inhibitor of secretory phospholipase A<sub>2</sub>, a drug called varespladib, has been shown to decrease LDL cholesterol in patients with stable coronary disease already on statins, according to a study presented today at the American College of Cardiology's 57<sup>th</sup> Annual Scientific Session. ACC.08 is the premier cardiovascular medical meeting, bringing together cardiologists and cardiovascular specialists to further breakthroughs in cardiovascular medicine.

Secretory phospholipase A<sub>2</sub> makes LDL particles smaller and denser, and more likely to be trapped and retained in the blood vessel wall. It also oxidizes LDL particles and activates inflammatory pathways, thereby increasing atherosclerosis risk. In this study, known as the Phospholipase Levels And Serological Markers of Atherosclerosis (PLASMA) Trial, conducted at several centers in the United States and Ukraine, researchers aimed to determine what effect treatment with varespladib, given at four different doses, would have on LDL cholesterol, oxidized LDL cholesterol, and the inflammatory marker C-reactive protein.

The study included 393 patients with stable coronary disease, 70 percent of whom were already well controlled on statin drugs. The average LDL cholesterol upon entry into the study was 94 mg/dL. The patients were treated for eight weeks with varespladib at 50 mg twice a day (n=79), varespladib 100 mg twice a day (n=80), varespladib 250 mg twice a day (n=78), varespladib 500 mg twice a day (n=77) or placebo (n=79). The mean decreases in LDL-cholesterol seen with varespladib treatment were statistically

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significant across the dose range 50 mg – 500 mg twice daily at week two through to week eight.

For statin-treated patients, the overall reduction in LDL-cholesterol with varespladib was 16.7 percent. Oxidized LDL fell by 6.7 percent in the varespladib group compared with placebo. There were significant reductions in CRP, and no toxicities were reported.

“This study is a proof of concept trial, and is the first human trial to look at a selective secretory phospholipase A<sub>2</sub> inhibitor in patients with stable coronary disease,” said Robert S. Rosenson, M.D., Professor of Medicine in the Division of Cardiovascular Medicine at the University of Michigan in Ann Arbor, Michigan, and the study’s lead author. “We showed incremental benefit beyond the background of statin therapy, and this is important because if varespladib is going to be useful, it is going to be used on the background of a statin. Individuals who were treated with a statin showed significantly greater reductions in their LDL-cholesterols. So for patients with coronary disease who are treated with statins and who may still be at increased risk for cardiovascular events, added treatment with varespladib appears promising and should warrant support for further investigation.”

*Dr. Rosenson will present this study, “Effects of a Selective Inhibitor of Secretory Phospholipase A2 on Low Density Lipoproteins and Inflammatory Pathways,” on Monday, March 31, at 2:30 p.m., in Vista Room S406.*

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The American College of Cardiology ([www.acc.org](http://www.acc.org)) represents the majority of board certified cardiovascular physicians in the United States. Its mission is to advocate for quality cardiovascular care through education, research, promotion, development and application of standards and guidelines- and to influence health care policy. ACC.08 is the largest cardiovascular meeting, bringing together cardiologists and cardiovascular specialists to share the newest discoveries in treatment and prevention, while helping the ACC achieve its mission to address and improve issues in cardiovascular medicine.