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STATINS WARD OFF BLOOD CLOTS IN VEINS

*Randomized Study Finds Rosuvastatin Prevents Painful,
Sometimes Deadly Condition*

Orlando, FL – The Justification for the Use of Statins in Prevention: an Intervention Trial Evaluating Rosuvastatin (JUPITER), found that daily therapy with rosuvastatin cut the risk of blood clots in the veins, or venous thromboembolism (VTE), by more than 40 percent overall, according to research presented today at the American College of Cardiology’s 58th Annual Scientific Session. ACC.09 is the premier cardiovascular medical meeting, connecting cardiologists and cardiovascular specialists to the latest and most innovative findings in cardiovascular science.

Statins are well known to prevent heart attack and stroke, but new evidence from a randomized controlled study of rosuvastatin shows these medications also ward off blood clots in the veins, a common and potentially life-threatening condition.

“VTE is a serious, sometimes fatal, event that is costly and inconvenient to treat,” said Robert J. Glynn, Ph.D., Sc.D., a biostatistician at the Brigham and Women’s Hospital and an associate professor of medicine at Harvard Medical School, in Boston. “When patients and their doctors discuss initiation of statin therapy, prevention of VTE is an important additional consideration beyond proven benefits in the prevention of heart attack and stroke.”

Though it does not get as much attention as heart attack or stroke, VTE is a very common disorder with an incidence that increases with age. Obesity, use of hormone replacement therapy and certain genetic defects also increase the risk, as do long periods of inactivity and injury to the blood vessels. Deep vein thrombosis, which can cause pain in the legs, is an early form of VTE, while pulmonary embolism is a frequently fatal, advanced form of the condition caused by a blood clot that travels to the lungs.

JUPITER is the first randomized trial to prospectively investigate whether statin therapy can prevent VTE. The trial recruited 17,802 apparently healthy men and women with low-density

lipoprotein (LDL) cholesterol levels of less than 130 mg/dL and high-sensitivity C-reactive protein (hsCRP) levels of 2.0 mg/L or higher, randomly assigning them to rosuvastatin, 20 mg/day, or placebo. The median age of study participants was 66 years, and 38 percent were obese.

During follow-up, 34 participants in the rosuvastatin group and 60 in the placebo group developed symptomatic VTE, a 43 percent reduction (hazard ratio, 0.57; $p = 0.007$). Similar reductions in risk were observed in people who had certain triggers for VTE, including cancer or recent hospitalization, surgery, or trauma (provoked VTE), and in those who did not have any of these triggers (unprovoked VTE). Risk reductions were seen for both deep vein thrombosis and for pulmonary embolism.

“Our findings require confirmation, but they have the potential to broaden our perspective on the treatment targets for statin therapy,” Glynn said. “Including consideration of VTE, in addition to conditions caused by arterial thrombosis such as heart attack and stroke, increases the estimated benefits associated with statin use.”

“The clinical bottom line here is simple,” said Paul Ridker, M.D., also of the Brigham and Women’s Hospital and JUPITER trial chairman. “In addition to reducing risks of heart attack and stroke, we now have hard evidence that aggressive statin therapy reduces life-threatening blood clots in the veins. In contrast to drugs like warfarin and heparin, we got this benefit with no bleeding hazard at all, so the new data are an exciting advance for our patients.”

Dr. Glynn will present “A Randomized Trial of Rosuvastation in the Prevention of Venous Thromboembolism: The JUPITER Trial” on Sunday, March 29 at 2:00 p.m. in Hall A2.

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The American College of Cardiology (www.acc.org) works to influence health care policy and represents the majority of board certified cardiovascular care specialists through education, research, promotion, and the development and application of standards and guidelines. ACC.09 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.