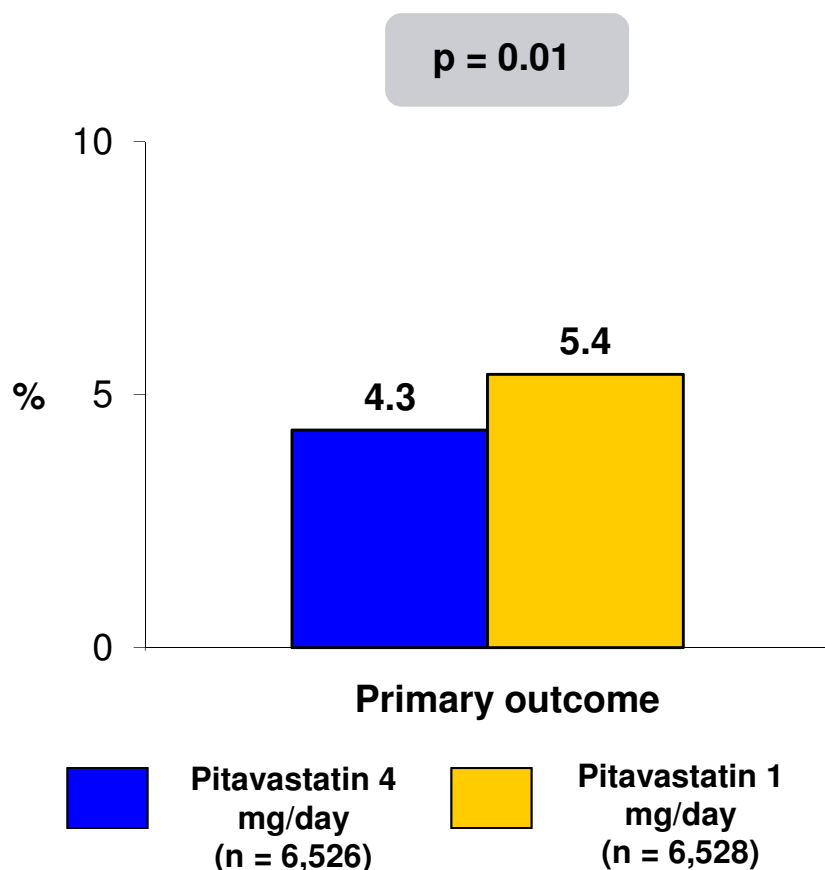# REAL-CAD

Trial design: Japanese patients with established stable CAD were randomized in a 1:1 fashion to either low-dose pitavastatin 1 mg/day or high-dose pitavastatin. They were followed for a median of 3.9 years.

p = 0.01

%

10

5

0

4.3 — Pitavastatin 4 mg/day (n = 6,526)

5.4 — Pitavastatin 1 mg/day (n = 6,528)

Primary outcome

Results

- Primary outcome, CV death/MI/stroke/unstable angina: high- vs. low-dose pitavastatin: 4.3% vs. 5.4%, p = 0.01; CV death: 1.4% vs. 1.8%, p = 0.09; MI: 0.6% vs. 1.2%, p = 0.004
- Coronary revascularization for high- vs. low-dose pitavastatin: 8.5% vs. 10.1%, p = 0.008
- LDL-C at 3 years for high- vs. low-dose pitavastatin: 76.6 vs. 91.0 mg/dl, p < 0.001

Conclusions

- High-dose pitavastatin 4 mg/day is superior to low dose pitavastatin 1 mg/day in reducing adverse CV events among Japanese patients with established stable CAD
- In addition to LDL-C lowering, there were also salutary effects on other lipoproteins and hs-CRP with high-dose pitavastatin

Presented by Takeshi Kimura at AHA 2017