



AMERICAN
COLLEGE of
CARDIOLOGY®

Inflammation and Cholesterol as CV Event Predictors Among Patients Receiving Statin Therapy

Collaborative Analysis of Three Multicenter, International, Randomized Trials (PROMINENT, REDUCE-IT, STRENGTH)

OBJECTIVE: To assess the relative contributions of inflammation and baseline LDL-C to atherosclerotic cardiovascular disease (ASCVD) risk in patients receiving statin therapy.

31,245
PATIENTS

INCLUSION CRITERIA:

- Primary or secondary ASCVD prevention patients
- Baseline high-sensitivity C-reactive protein (hsCRP) and LDL-C available



**QUARTILES OF INCREASING
BASELINE hsCRP**



**QUARTILES OF INCREASING
BASELINE LDL-C**

PRIMARY ENDPOINT

MAJOR ADVERSE CV EVENTS, HIGHEST vs. LOWEST QUARTILE OF BASELINE hsCRP: 15.0% vs. 12.6% (P<0.0001)

MAJOR ADVERSE CV EVENTS, HIGHEST vs. LOWEST QUARTILE OF BASELINE LDL-C: 13.0% vs. 13.6% (P=0.11)

SECONDARY ENDPOINTS

CV DEATH, HIGHEST vs. LOWEST QUARTILE OF BASELINE hsCRP: 5.4% vs. 2.1% (P<0.0001)

CV DEATH, HIGHEST vs. LOWEST QUARTILE OF BASELINE LDL-C: 3.8% vs. 3.5% (P=0.0086)

ALL-CAUSE DEATH, HIGHEST vs. LOWEST QUARTILE OF BASELINE hsCRP: 9.8% vs. 4.4% (P<0.0001)

ALL-CAUSE DEATH, HIGHEST vs. LOWEST QUARTILE OF BASELINE LDL-C: 6.6% vs. 6.7% (P=0.025)

CONCLUSION

Among patients with or at high risk for ASCVD receiving statins, inflammation, measured by hsCRP, had a greater effect on CV risk and mortality than baseline LDL-C.

Ridker PM, Bhatt DL, Pradhan AD, et al. Inflammation and Cholesterol as Predictors of Cardiovascular Events Among Patients Receiving Statin Therapy: A Collaborative Analysis of Three Randomised Trials. *Lancet* 2023;Mar 6:[Epub ahead of print].

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