



AMERICAN
COLLEGE of
CARDIOLOGY®

AEGIS-II

Effect of CSL112 on Recurrent Myocardial Infarction (MI)
and Cardiovascular (CV) Death

**Phase Three, Global, Multicenter, Randomized,
Double-Blind, Placebo-Controlled Trial**

OBJECTIVE: To evaluate the effects of CSL112 (Apo A-1) therapy
on the incidence of CV death and recurrent MI.

18,219
PATIENTS

INCLUSION CRITERIA:

Adult patients with type 1 MI with multivessel coronary
artery disease, and either drug-treated diabetes or two
additional risk factors.



**4 WEEKLY INFUSIONS
OF CSL112 (Apo A-1)**

vs.



PLACEBO

PRIMARY ENDPOINT

**THE COMPOSITE OF CV DEATH, ALL MI OR STROKE FROM
RANDOMIZATION THROUGH 90 DAYS vs. PLACEBO.
4.9% (CSL112) vs. 5.2% (PLACEBO) (HR, 0.93, P=0.24)**

SECONDARY ENDPOINTS

**ANALYSIS OF THE INDIVIDUAL COMPONENTS OF THE PRIMARY
ENDPOINT THROUGH 90 DAYS, 180 DAYS AND 365 DAYS.**

**THE INCIDENCE OF CV DEATH OR ANY MI WAS NUMERICALLY
LOWER IN THE CSL112 GROUP THROUGHOUT THE FOLLOW-UP
PERIOD: HR, 0.91, 0.89 AND 0.92, RESPECTIVELY.**

CONCLUSION

Although the primary endpoint findings were neutral, data suggest that treatment
with CSL112 is well tolerated and may result in lower rates of CV death and MI.

Povsic TJ, Korjian S, Bahit MC, et al. Effect of CSL112 on Recurrent Myocardial Infarction and
Cardiovascular Death: Insights from the AEGIS-II Trial. *NEJM* 2024. Presented at ACC.24.

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