



# Session: 5 in 45: The Top 5 Clinical Trials You Need to Hear from ACC.17

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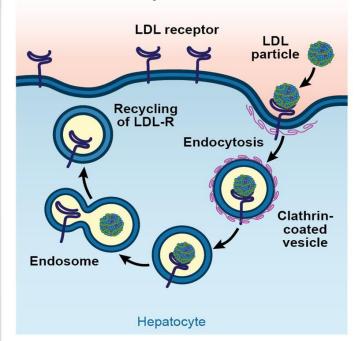


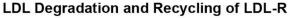


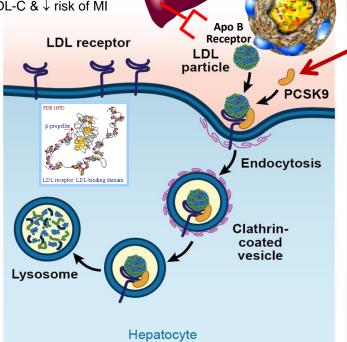
# **PCSK9 Mechanism of Action**

Proprotein Convertase Subtilisin/Kexin type 9 (PCSK9)

- Accompanies LDL-R towards degradation  $\rightarrow \uparrow$  circulating LDL-C
- Loss-of-fxn genetic variants → ↑ LDL-R → ↓ LDL-C & ↓ risk of MI







PCSK9-Mediated Degradation of LDL-R





#### **Evolocumab**

- Anti-PCSK9 mAb
- ↓ LDL-C ~ 60%
- Safe & well-tolerated in phase 2 & 3 studies
- Exploratory data suggested 

  CV events

Sever P & Mackay J. *Br J Cardiol* 2014;21:91-3 Giugliano RP, *et al. Lancet* 2012;380:2007-17 Sabatine MS, *et al. NEJM* 2015;372:1500-9

# Methods & Objectives:



- > N= 27,564 patients + follow-up (median) 2.2 years
- $\rightarrow$  Atherosclerotic CV disease and LDL-C  $\geq$  70 mg/dL; receiving statin therapy
- > Patients randomly assigned to receive subcutaneous injections of evolocumab:

140 mg every 2 weeks or 420 mg monthly Follow-up Q 12 weeks

matching placebo Follow-up Q 12 weeks

- Test whether the addition of evolocumab reduces the incidence of major CV events
- Examine the long-term safety & tolerability of evolocumab as well as to investigate the efficacy and safety of achieving unprecedented low levels of LDL-C
- Primary efficacy endpoint: composite of CV death, MI, stroke, hospitalization for unstable angina, or coronary revascularization
- Key Secondary Efficacy Endpoint: composite of CV death, MI, or stroke

# FOURIER - Characteristics of the Patients at Baseline

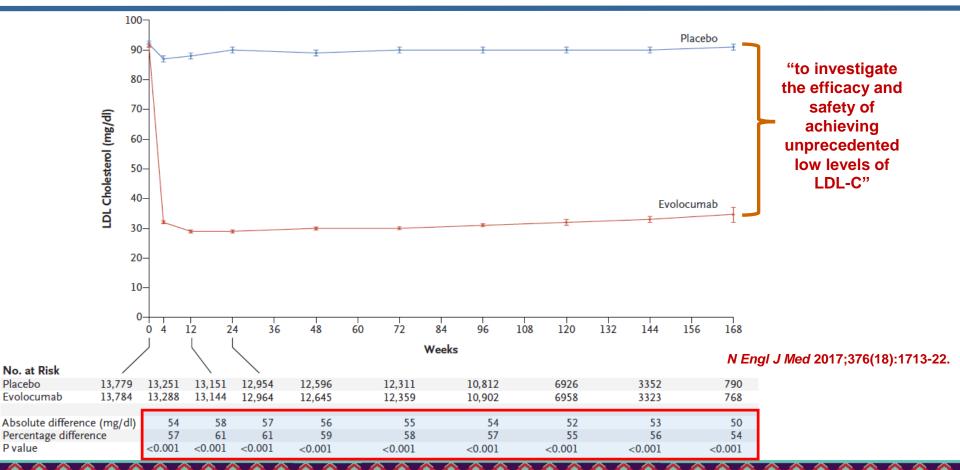


Table 1. Characteristics of the Patients at Baseline.*		
Characteristics	Evolocumab (N=13,784)	Placebo (N = 13,780)
Age — yr	62.5±9.1	62.5±8.9
Male sex — no. (%)	10,397 (75.4)	10,398 (75.5)
White race — no. (%)†	11,748 (85.2)	11,710 (85.0)
Weight — kg	85.0±17.3	85.5±17.4
Region		
North America	2,287 (16.6)	2,284 (16.6)
Europe	8,666 (62.9)	8,669 (62.9)
Latin America Argentina, Brazil, Chile, and Colombia	913 (6.6)	910 (6.6)
Asia Pacific and South Africa	1,918 (13.9)	1,917 (13.9)

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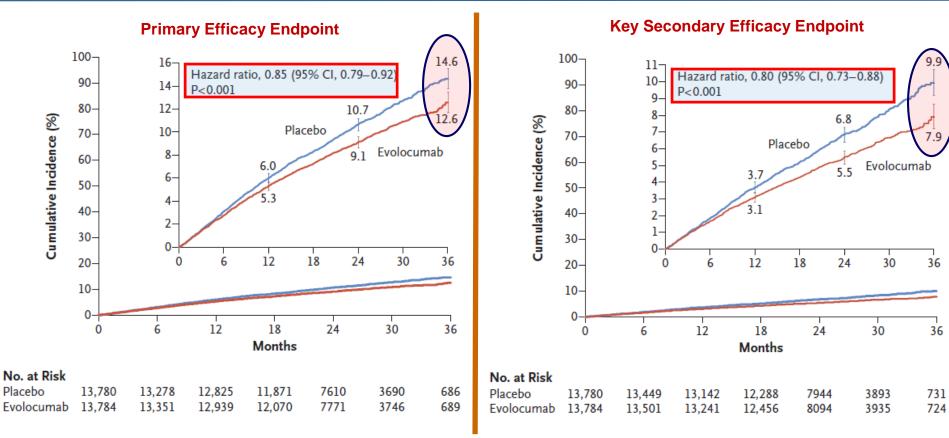
### **FOURIER - LDL-Cholesterol Levels Over Time**





# FOURIER - Primary & Key Secondary Efficacy Endpoints





# **FOURIER - Secondary Endpoints**

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Outcome	Evolocumab (N = 13,784)	Placebo (N = 13,780)	Hazard Ratio (95% CI)	P Value*	
	no. of patients (%)				
Other end points					
Cardiovascular death	251 (1.8)	240 (1.7)	1.05 (0.88-1.25)	0.62	
Due to acute myocardial infarction	25 (0.18)	30 (0.22)	0.84 (0.49-1.42)		
Due to stroke	31 (0.22)	33 (0.24)	0.94 (0.58-1.54)		
Other cardiovascular death	195 (1.4)	177 (1.3)	1.10 (0.90-1.35)		
Death from any cause	444 (3.2)	426 (3.1)	1.04 (0.91-1.19)	0.54	
Myocardial infarction	468 (3.4)	639 (4.6)	0.73 (0.65–0.82)	< 0.001	
Hospitalization for unstable angina	236 (1.7)	239 (1.7)	0.99 (0.82-1.18)	0.89	
Stroke	207 (1.5)	262 (1.9)	0.79 (0.66-0.95)	0.01	
Ischemic	171 (1.2)	226 (1.6)	0.75 (0.62-0.92)		
Hemorrhagic	29 (0.21)	25 (0.18)	1.16 (0.68-1.98)		
Unknown	13 (0.09)	14 (0.10)	0.93 (0.44–1.97)		
Coronary revascularization	759 (5.5)	965 (7.0)	0.78 (0.71-0.86)	< 0.001	
Urgent	403 (2.9)	547 (4.0)	0.73 (0.64-0.83)		
Elective	420 (3.0)	504 (3.7)	0.83 (0.73-0.95)		
Cardiovascular death or hospitalization for worsening heart failure	402 (2.9)	408 (3.0)	0.98 (0.86–1.13)	0.82	
Ischemic stroke or transient ischemic attack	229 (1.7)	295 (2.1)	0.77 (0.65-0.92)	0.003	
CTTC composite end point†	1271 (9.2)	1512 (11.0)	0.83 (0.77–0.90)	<0.001	

# **FOURIER -** Efficacy Endpoints in Key Subgroups

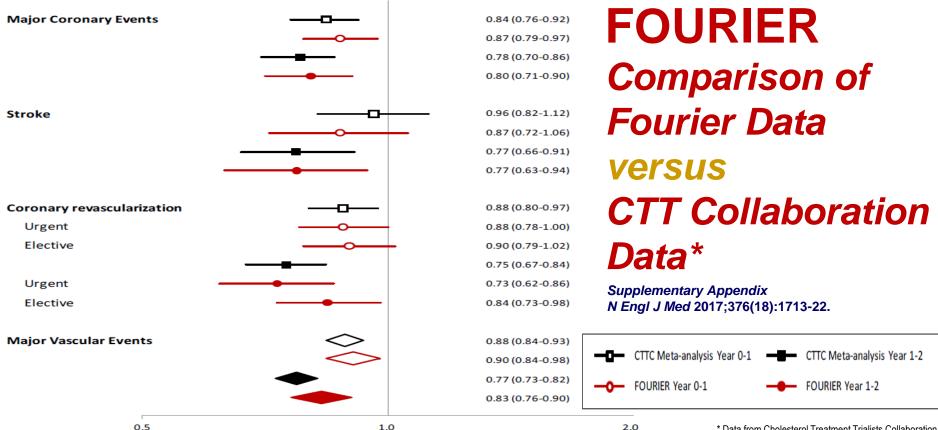


Subgroup		Primary E Event Ra EvoMab	ite (%)	Hazard Ratio (95% CI)	HR (95% CI)	Ke P <sub>interaction</sub>	ey Secondar Event Ra Evo Mab	te (%)		o HR (95% CI) P <sub>in</sub>	nteraction
OVERALL	27564	9.8	11.3	•	0.85 (0.79-0.92)		5.9	7.4	•	0.80 (0.73-0.88)	
Age				Ĭ		0.90			Ĭ	0.	.79
<65	15310	9.9	11.4	-	0.86 (0.78-0.94)		5.5	6.9	-	0.79 (0.69-0.90)	
≥65	12254	9.6	11.2		0.85 (0.76-0.95)		6.4	7.9		0.81 (0.71-0.92)	
Sex						0.48				0.	.44
Female	6769	8.1	9.9	-	0.81 (0.69-0.95)		5.1	6.7	<b></b> ■	0.74 (0.61-0.90)	
Male	20795	10.3	11.8	+	0.86 (0.80-0.94)		6.2	7.5		0.81 (0.73-0.90)	
Race				i		0.036				0.0	048
Caucasian	23458	10.1	11.4	-	0.88 (0.81-0.95)		6.0	7.2	-	0.83 (0.75-0.92)	
Non-Caucasian	4106	8.0	11.2	<b>-</b> ■-	0.70 (0.57-0.86)		5.3	8.1	<del></del>	0.64 (0.50-0.81)	
Region				!		0.15				0.0	012
North America	4571	12.9	16.5	<b></b>	0.77 (0.66-0.90)		6.7	10.6	<b></b>	0.62 (0.51-0.76)	
Europe	17335	9.6	10.5	-	0.91 (0.83-1.00)		6.0	6.7	-	0.90 (0.80-1.01)	
Latin America	1823	8.8	10.1		0.85 (0.63-1.15)		5.5	6.4		0.85 (0.58-1.24)	
Asia/Pacific	3835	7.1	9.6		0.73 (0.58-0.91)		4.7	7.0	-	0.67 (0.51-0.88)	

Supplementary Appendix (page55). N Engl J Med 2017;376(18):1713-22.

ACC Latin America Conference 2017

#### HR (95% CI)



# **FOURIER -** Adverse Events Results in Both Groups



Outcome	Evolocumab (N = 13,769)	Placebo (N = 13,756)
Adverse events — no. of patients (%)		
Adverse events — no. of patients (%)  Any  Serious  Thought to be related to the study of and leading to	10,664 (77.4)	10,644 (77.4)
Serious	3410 (24.8)	3404 (24.7)
Thought to be related to the study and leading to discontinuation of a value gimen	226 (1.6)	201 (1.5)
Injection-site reaction	296 (2.1)	219 (1.6)
All tight rend on	420 (3.1)	393 (2.9)
Nosi le-related event	682 (5.0)	656 (4.8)
Rhabdomyolysis	8 (0.1)	11 (0.1)
Cataract	228 (1.7)	242 (1.8)
Adjudicated case of new-onset diabetes†	677 (8.1)	644 (7.7)
Neurocognitive event	217 (1.6)	202 (1.5)

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