



Evolocumab and Cardiovascular Outcomes in Patients with Recent Myocardial Infarction: Analysis from FOURIER



Baris Gencer,¹ François Mach,² Sabina A. Murphy,¹ Gaetano M. De Ferrari,³ Kurt Huber,⁴ Basil S. Lewis,⁵ Jorge Ferreira,⁶

Christopher E. Kurtz,⁷ Huei Wang,⁷ Narimon Honarpour,⁷ Anthony C. Keech,⁸ Peter S. Sever,⁹ Terje R. Pedersen,¹⁰ Marc S. Sabatine,¹ Robert P. Giugliano¹

¹TIMI Study Group, Division of Cardiovascular Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, MA; ²Cardiology Division, Geneva University Hospitals, Switzerland; ³Division of Cardiology, Città della Salute e della Scienza, University of Torino, Italy; ⁴Department of Medicine, Cardiology, Sigmund Freud University, Vienna, Austria; ⁵Lady David Carmel Medical Center, Haifa, Israel; ⁶Hospital de Santa Cruz, Lisbon, Portugal; ⁷Amgen, Thousand Oaks, CA; ⁸National Health and Medical Research Council Clinical Trials Center, University of Sydney, Australia; ⁹National Heart and Lung Institute, Imperial College London, UK; ¹⁰Ullevål and Medical Faculty, University of Oslo, Norway

BACKGROUND

- Patients with recent MI (≤12 months) are considered at very high risk of CV events.
- 2018 ACC/AHA blood cholesterol guideline recommends adding a PCSK9 inhibitor to a background of high-intensity or maximal statin in patients with recent MI and LDL-C levels ≥70 mg/dl (≥1.8 mmol/L).
- We now report the clinical efficacy of evolocumab in patients with recent vs. remote MI.

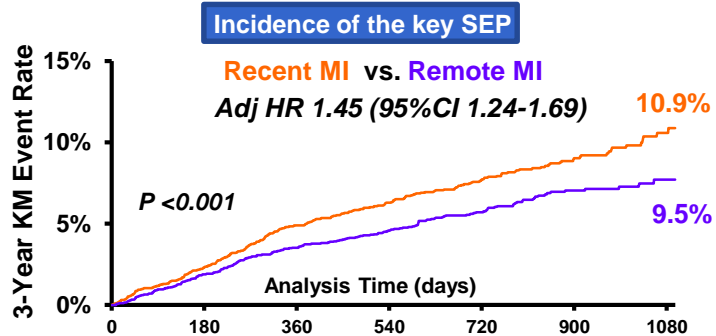
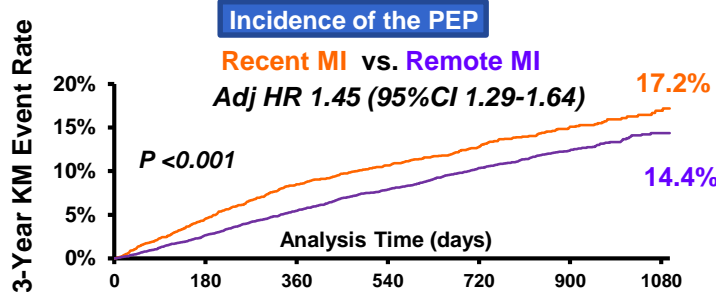
METHODS

- In FOURIER, 27564 patients with ASCVD on a background of statin were randomized to evolocumab vs. placebo for a median follow-up of 2.2 years.
- 22320 patients with prior MI were stratified as recent (≤12 months) vs. remote MI (>12 months).
- PEP: CV death, MI, stroke, hospitalization for UA, or coronary revascularization. Key SEP: CV death, MI or stroke
- HR were adjusted for age, sex, weight, race, stroke, PAD, hypertension, diabetes, smoking, renal function, high-intensity statin use, region, baseline LDL-C.

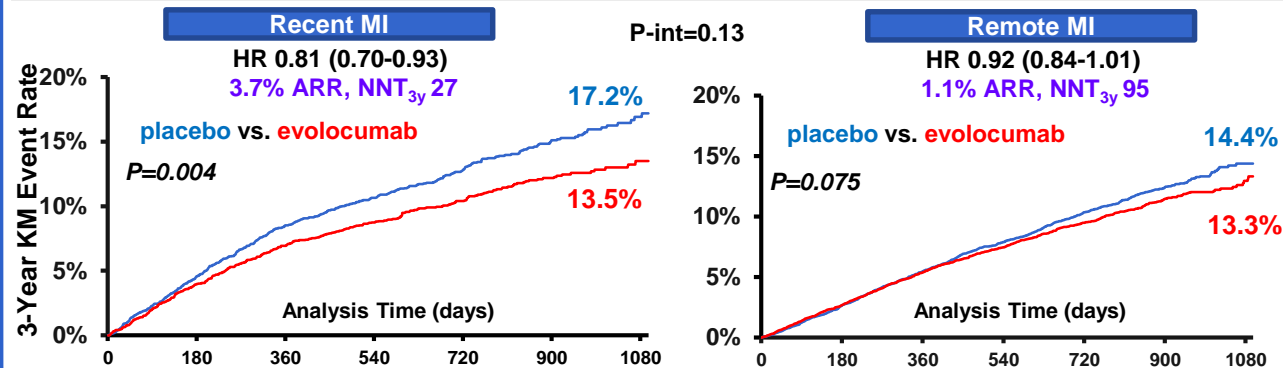
1. Baseline characteristics

Characteristics	Recent MI N=5711	Remote MI N=16609	P Value
Median time from MI (months)	4.8	59	NA
Mean age (years)	60	63	< 0.001
Male, %	78	79	0.14
Hypertension, %	73	81	< 0.001
Diabetes mellitus, %	30	37	< 0.001
History of stroke, %	5	8	< 0.001
History of PAD, %	5	9	< 0.001
Prior CABG, %	15	24	< 0.001
Mean LDL-C (mg/dL)	95	99	< 0.001
High intensity statin, %	77	69	< 0.001

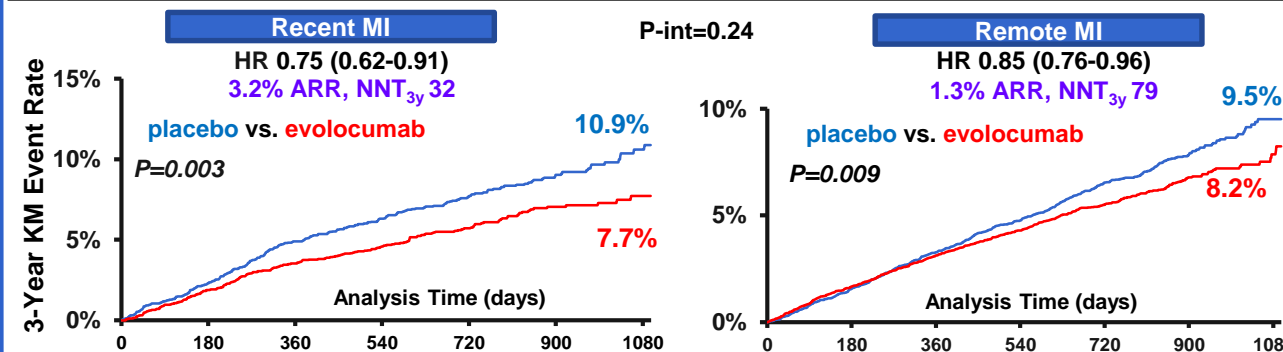
2. 3-Year Event Rate in Recent vs. Remote MI (in the placebo arm only)



3. Reduction of the PEP (CV Death, MI, stroke, UA and coronary revascularization) with evolocumab



4. Reduction of the key SEP (CV death, MI and stroke) with evolocumab



SUMMARY

- Patients with recent MI were at higher risk of major adverse CV events compared with those with a remote MI.
- In recent MI patients, evolocumab reduced the risk of the primary endpoint by 19%, with an NNT of 27 over 3 years. The risk of CV death, MI or stroke was reduced by 25%, with an NNT of 32 over 3 years.

CONCLUSION

Our findings support the 2018 ACC/AHA guideline recommendations to extensively lower LDL-C blood cholesterol after a recent MI.

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