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EFFICACY OF ROSUVASTATIN IN PRIMARY PREVENTION ACCORDING TO BASELINE LEVELS OF HSCRP IN THE JUPITER TRIAL

ACC Poster Contributions
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Background: In the JUPITER trial of 17,802 healthy men and women with LDLC<130 mg/dL and hsCRP>2 mg/L, rosuvastatin 20mg substantially reduced the rate of myocardial infarction, stroke, coronary revascularization, and all-casue mortality (P<0.00001). However, the benefits of rosuvastatin according to baseline levels of hsCRP have not been presented.

Methods: We calculated absolute risks, relative risks, and absolute risk reductions attributable to rosuvastatin as compared to placebo according to baseline levels of hsCRP in the JUPITER trial.

Results: Absolute rates of first cardiovascular events or death from any cause in JUPITER were 1.95, 2.20, and 3.02 per 100 person-years for the first, second, and third tertile of baseline hsCRP, respectively (P<0.001). Rosuvastatin significantly reduced event rates in all hsCRP strata (all P<0.001); thus, absolute risk reductions attributable to rosuvastatin increased with increasing hsCRP levels. This was true across a wide range of baseline hsCRP values, such that the highest observed absolute risk and the greatest absolute risk reduction with rosuvastatin was observed among those with baseline hsCRP values >10 mg/L.

Conclusions: In the JUPITER trial, absolute risks and absolute risk reductions attributable to rosuvastatin were directly related to baseline hsCRP levels. These data have implications for population based programs of primary prevention.