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Reply

We thank Drs. Roberts and Hare for their interest in our paper describing cardiovascular outcomes among JUPITER (Justification for the Use of statins in Primary prevention: an Intervention Trial Evaluating Rosuvastatin) participants classified according to their baseline renal function status. We agree that there are limitations of the Modification of Diet and Renal Disease equation for estimating glomerular filtration rate (GFR) and that our analysis was based on the Modification of Diet and Renal Disease estimate of GFR using a single baseline serum creatinine level. We also acknowledge that the variability of serum creatinine can influence estimated glomerular filtration rate (eGFR), particularly among individuals with lower serum creatinine levels. Recognizing these limitations, we confirmed that most (81%) of the JUPITER study participants who had an eGFR <60 ml/min/1.73 m^2 at baseline had an eGFR <60 ml/min/1.73 m^2 on repeat assessments performed after 12 months of randomized treatment with either rosuvastatin 20 mg or placebo. Although the distribution of age, sex, and race among JUPITER participants with an eGFR <60 ml/min/1.73 m^2 may not be representative of chronic kidney disease patients encountered by nephrologists in clinical practice, we believe that our finding that middle-age and older adults who had high-sensitivity C-reactive protein ≥2.0 mg/l and an eGFR <60 ml/min/1.73 m^2 experienced a 45% decrease in the risk of major cardiovascular events during treatment with rosuvastatin 20 mg to be clinically relevant (1).

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