ST. MICHAEL'S
UNITY HEALTH TORONTO

Questions & Answers with Dr. Ronald Goldenberg

Controversies in dyslipidemia management

1. If the benefit of icosapent ethyl is seen across all triglyceride levels irrespective of baseline triglyceride level should we therefore not be offering this to all patients with established CV disease or diabetes with risk factors?

   Answer: Screening TG were ≥ 1.5 mmol/L in REDUCE-IT. Because of TG variability, small numbers had TG below 1.5 by randomization and they had the same CV benefit but numbers are a bit small to be conclusive. Even though CV event reduction does not seem to be TG dependent, it is an extrapolation of the trial to use IPE in those with "normal" TG and keep in mind that the absolute benefit would be lower is such patients and rising TGs are associated with higher CV event rates.

2. due to the results of this trial is there still any role for fibrate therapy in our patients?

   Answer: Fibrates for severe hyperTG (> 10) to prevent pancreatitis

3. Q for Dr Goldenberg Is it correct that Vascepa is 10$ per day for patients?

   Answer: $294 per month. Some private payers covers. Others with private coverage can get a copay card where patient cost will be about $40 per month.

4. Is there good evidence that PCSK-9 inhibitors actually reduce hard outcomes (not just lipid levels) for patients with FH?

   Answer: No CV outcome in such a population but lowering LDL is a good surrogate for lowering events and we know from FOURIER and ODYSSEY Outcomes that these agents lower events via LDL lowering

5. when are indications for fibrates either in monotherapy or combination therapy?

   Answer: See number 2 above

6. What were the clinical outcome results of such trials in outcomes in FH heterozygous or homozygous?

   Answer: No CV outcome trials. See #4 above.

7. How high TG affects to CAD?

   Answer: Probably direct and indirect effects on atherosclerosis, but unproven if lowering TG actually prevents CV events.

8. I note CRP was reduced significantly. How big a role of inflammation reduction with vascepa plays a role?

   Answer: Anti-inflammatory effects is one of the mechanisms of benefit for IPE. Others include antioxidant effects and plaque stabilization and perhaps others as well.

9. why not use EPA FOR ALL HIGH RISLK PTS REGARDLESS OF TG LEVEL

   Answer: See 1 above

10. in primary prevention, how do you distinguish between 'high risk' and 'very high risk?

    Answer: In FH, according to ESC: treat those who have another major risk factor as very-high-risk; without another major risk factor, treat as high-risk; For general population without FH or diabetes, use a risk score calculation

11. would you avoid vascepa in certain patients on anti-coagulants eg patients with a fib vs past dvt /pe

    Answer: Yes, there is a CV benefit in those with TG > 1.5 with CVD or diabetes and another risk factor. Bleeding risk was 11% in placebo patients on anti thrombotics and 13% on IPE, but no increase in fatal bleeding or hemorrhagic stroke and there was lower risk of ischemic stroke on IPE and as well as 3P- and 5P -MACE

12. when are statins are indicated for a CVA

    Answer: Statins can be used post stroke for vascular protection

13. What about statins in the over 85yr old age group?

    Answer: Very few patients in trials. Use clinical judgement. Age itself is a contributing risk factor for CV events, so high risk elderly would benefit.