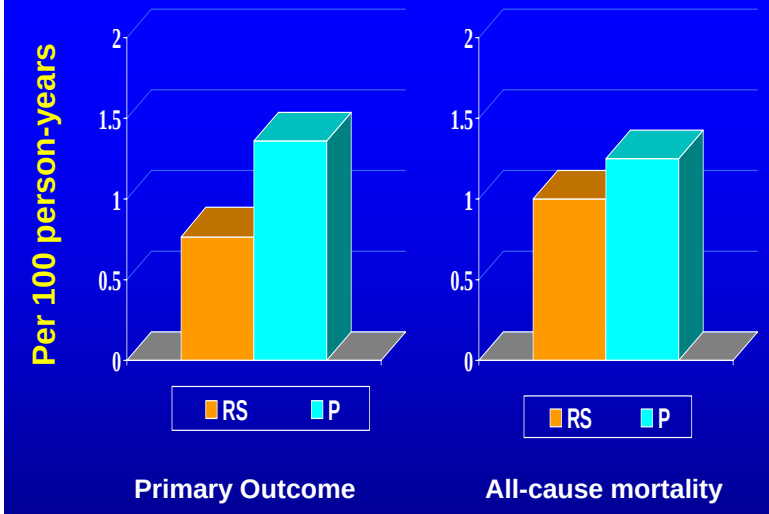
JUPITER Trial

Justification for the Use of Statins in Prevention: An Intervention Trial Evaluating Rosuvastin

BACKGROUND: CRP is associated with increased CVD events. Statins lowers CRP as well as cholesterol. **PURPOSE:** To determine if individuals with elevated CRP but without hyperlipidemia might benefit from statin therapy. **DESIGN:** Randomized, double blind, placebo-controlled, multicenter trial study of 17,802 apparently healthy men & women with LDL-c less than 130 mg/dL & CRP levels of 2.0 mg/L or higher randomized to: rosuvastatin 20 mg qd (n= 8901)(RS) or placebo (n = 8901)(P). Median follow-up = 1.9 years.

Comparison of Rosuvastatin vs Placebo



Primary Endpoint:

First major CV event: nonfatal MI, nonfatal stroke, hospitalization for UA, arterial revascularization & CV death

Secondary Endpoint:

Individual components of the CV event in the primary endpoint and all-cause mortality

Results

Primary Outcome

.77 (RS) vs 1.36 (P) per 100 person-years [HR (95% CI) .56 (.46 – .69) p < .00001]

Myocardial infarction

.17 (RS) vs .37 (P) per 100 person-years [HR (95% CI) .46 (.30 – .70) p = .0002]

Stroke

.18 (RS) vs .34 (P) per 100 person-years [HR (95% CI) .52 (.34 – .79) p = .002]

Revascularization or unstable angina

.41 (RS) vs .77 (P) per 100 person-years [HR (95% CI) .53 (.40 – .70) p < .00001]

All-cause mortality

1.00 (RS) vs 1.25 (P) per 100 person-years [HR (95% CI) .80 (.67 – .97) p = .02]

Conclusion: Rosuvastatin significantly reduced the incidence of major CV events of persons with elevated CRP but without hyperlipidemia.

Ridker, et al; NEJM 2008: 359