

# Long-term Safety and Effectiveness of Cholesterol Lowering with Pravastatin Treatment over 11 Years: the LIPID Trial Extension.

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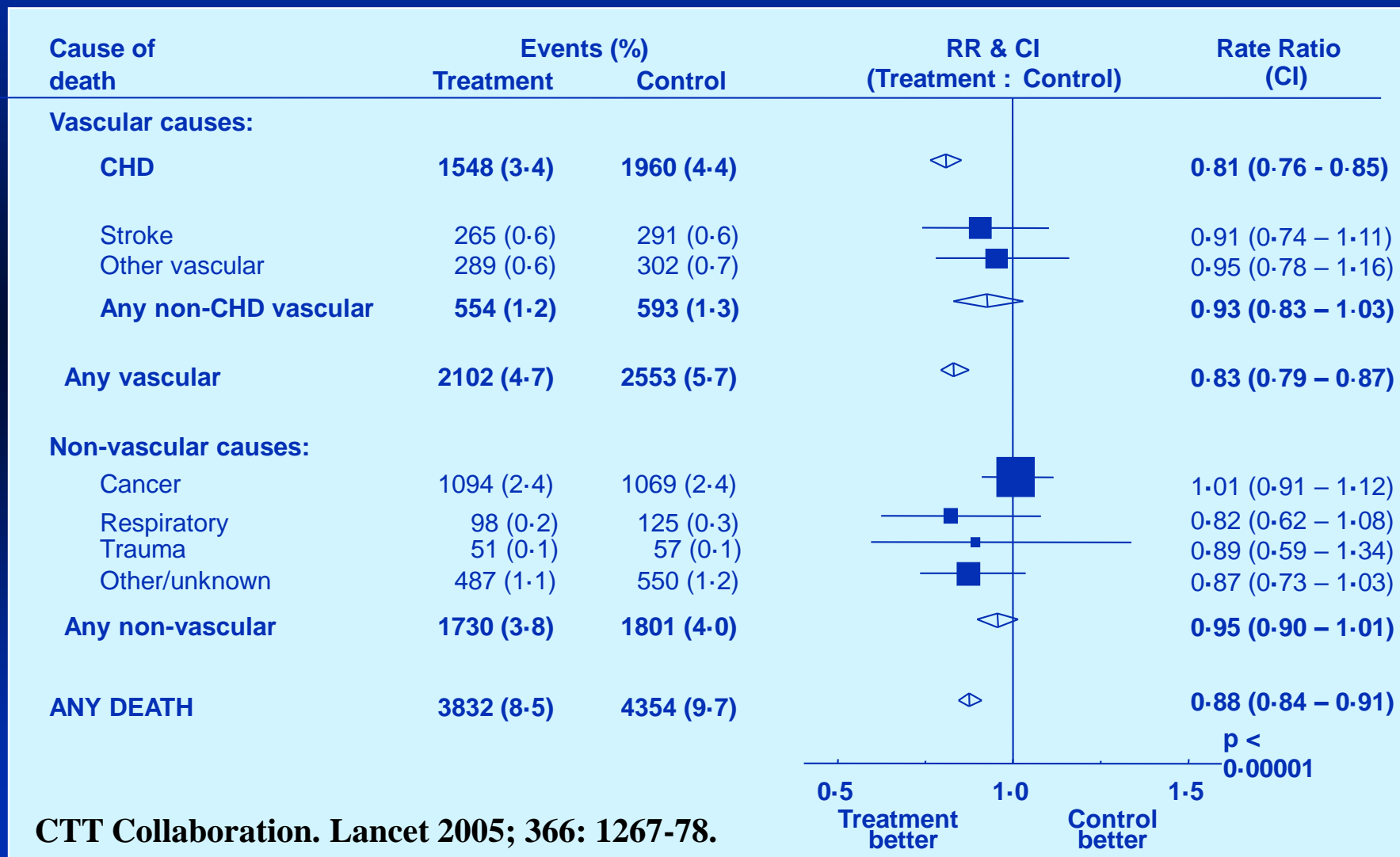


- The effectiveness and safety of statin therapy has been well established in patients with prior CHD, such as in LIPID<sup>1</sup> and in a broad cross-section of patients at high risk of CVD events<sup>2</sup>
- Evidence is based on many randomised trials of statin therapy over 5 years<sup>2</sup>
- Little randomised evidence of long term effects of statin therapy for 10+ years

<sup>1</sup>The LIPID Study. NEJM 1998; 339: 1349-57.

<sup>2</sup>CTT Collaboration. Lancet 2005; 366: 1267-78.

# Cause-specific mortality per mmol/L LDL cholesterol reduction



CTT Collaboration. Lancet 2005; 366: 1267-78.

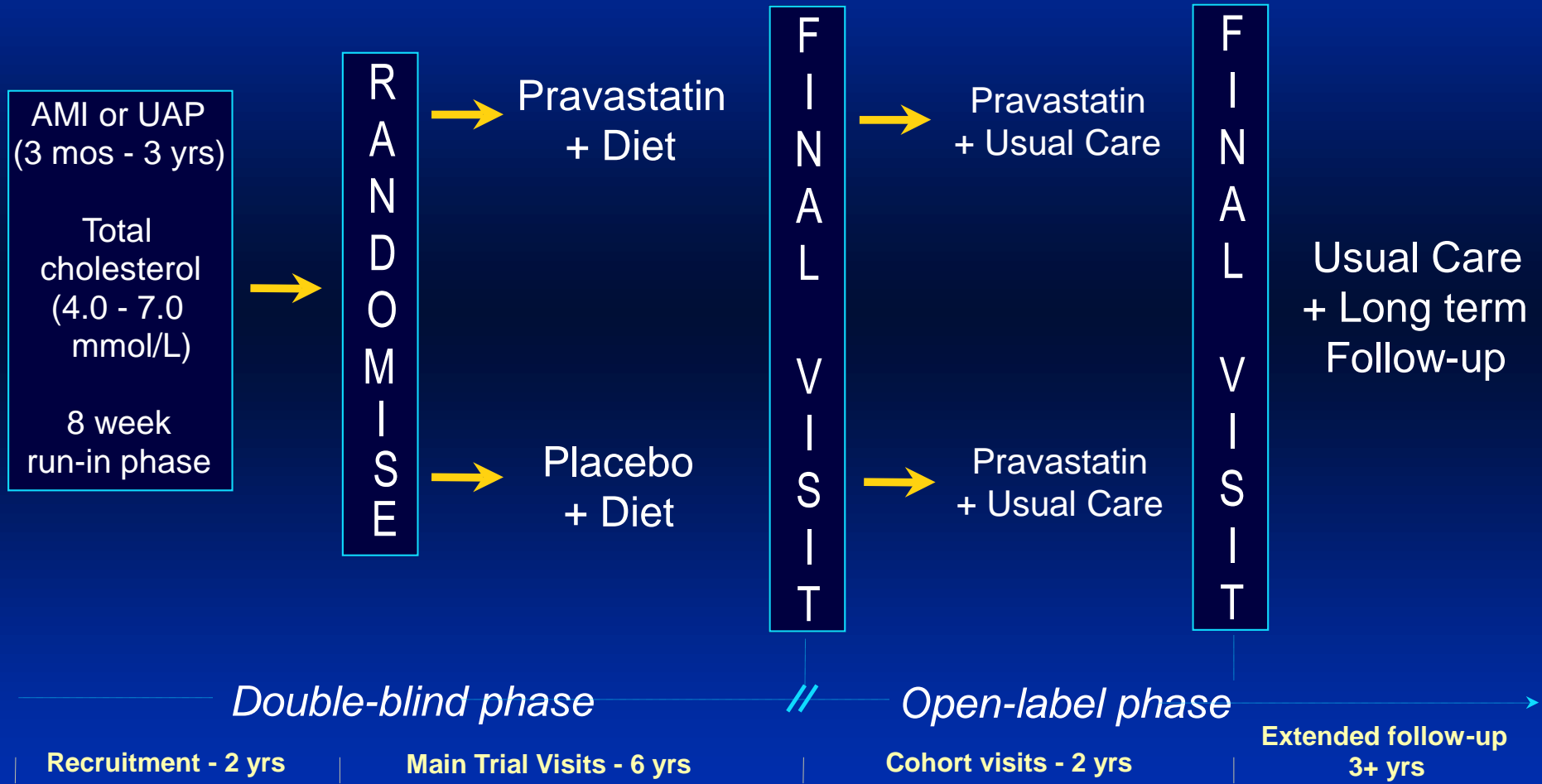


# *Background*

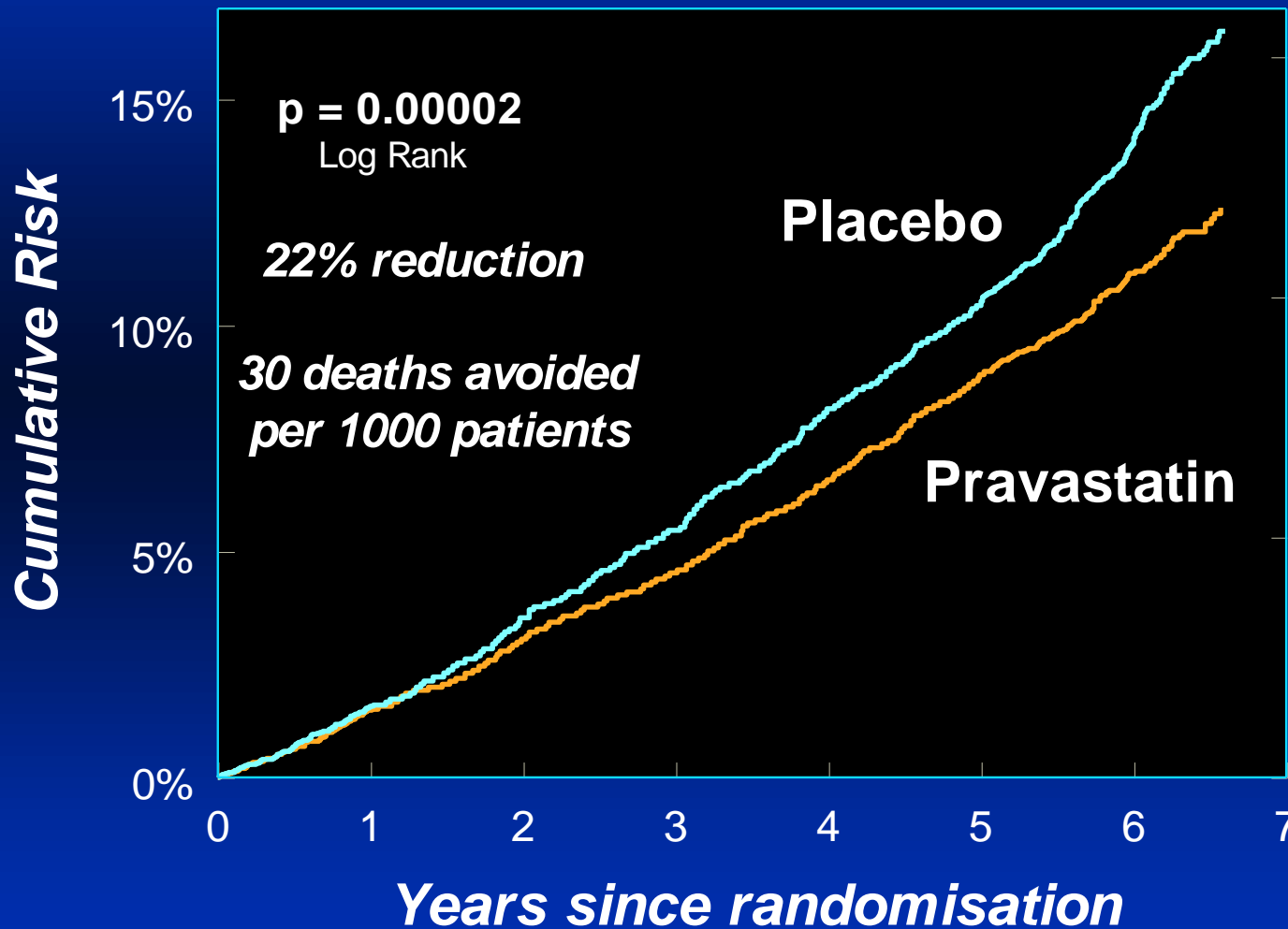
## *LIPID Cohort*



- The LIPID Study evaluated pravastatin versus placebo in 9014 patients with prior AMI or unstable angina and total cholesterol 4–7 mmol/L (155–271 mg/dL)
- The trial closed early with clear evidence that pravastatin had reduced total mortality. All patients were offered pravastatin, with the plan to follow everyone for at least 5 more years.
- 85% of patients decided to receive Rx followed up in clinic visits for 2 years.
- Additional indirect long-term follow-up now obtained for 3+ years



# Total Mortality



No. at Risk

9014

8876

8712

8560

8350

7639

NEJM 1998; 339: 1349-57

# *LIPID Trial Extension*

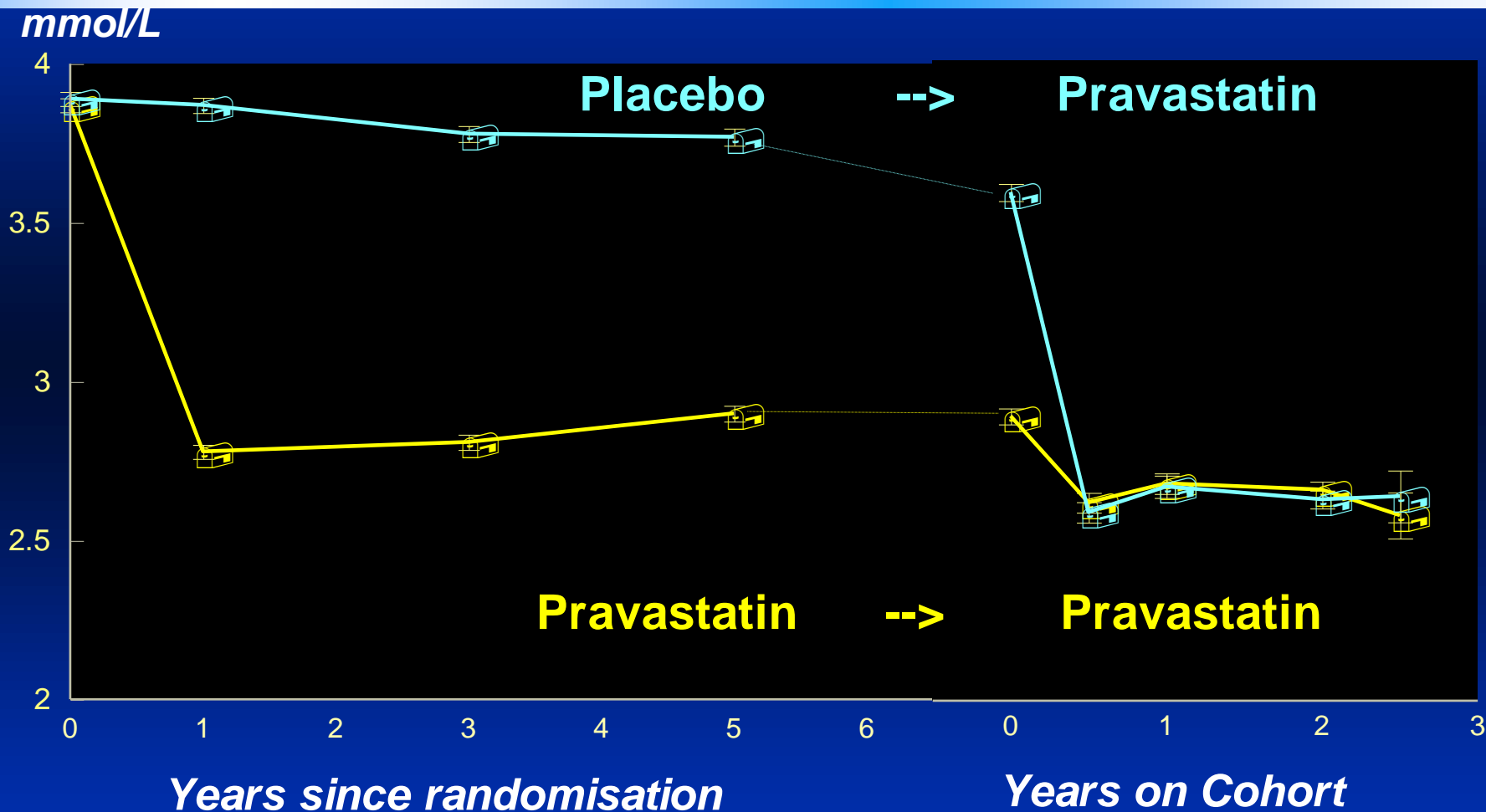
## *Objectives*



- Long term effectiveness and safety of treatment on
  - **Cause-specific mortality**
  - Cancer incidence
  - Other major adverse events
- Long-term cost-effectiveness
- Relationship between patient risk factors, blood markers, treatment and long-term outcomes

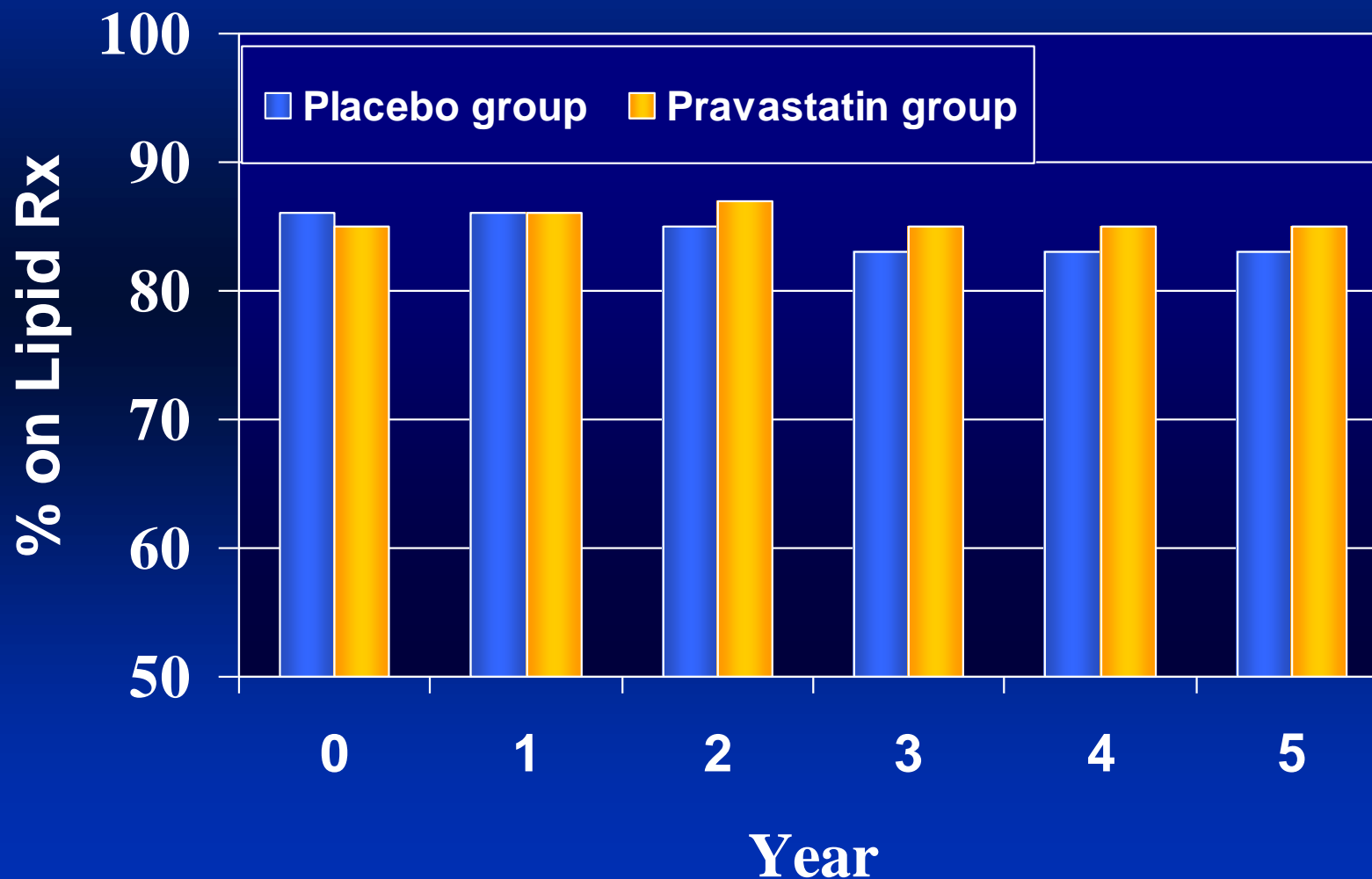
# Change in LDL Cholesterol

Mean with 95% confidence intervals



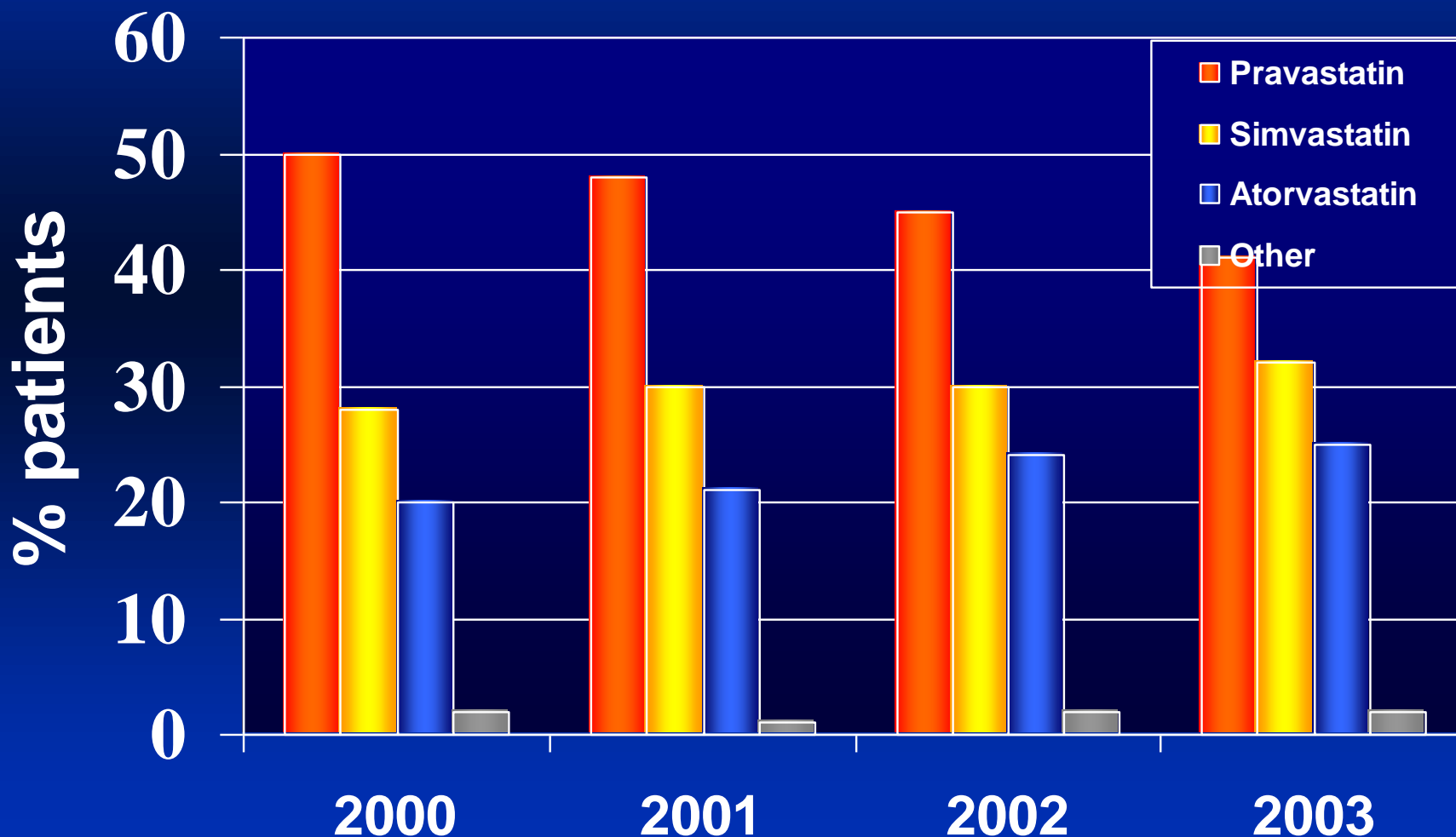


# Use of Cholesterol Lowering Treatment By randomised group



# Cholesterol treatment

## Questionnaire follow-up





# *LIPID Cohort*

## *Long term follow-up*



<b>Period</b>	<b>Number followed</b>	<b>Deaths</b>	<b>Not followed</b>
<b>Baseline</b>	<b>9014</b>		
<b>Completed main trial – Yr 6</b>	<b>7882</b>	<b>1131</b>	<b>1</b>
<b>Consented to extended FU</b>	<b>7721</b>		<b>161 (2.0%)</b>
<b>Completed 2 yr open-label phase – Yr 8</b>	<b>7246</b>	<b>474</b>	<b>1</b>
<b>Extended FU (Yr 8-11)*</b>	<b>6391</b>	<b>833</b>	<b>22 (0.3%)</b>

\*Contact by questionnaire, mail in > 99% .

All patients followed through national death registries (100%).

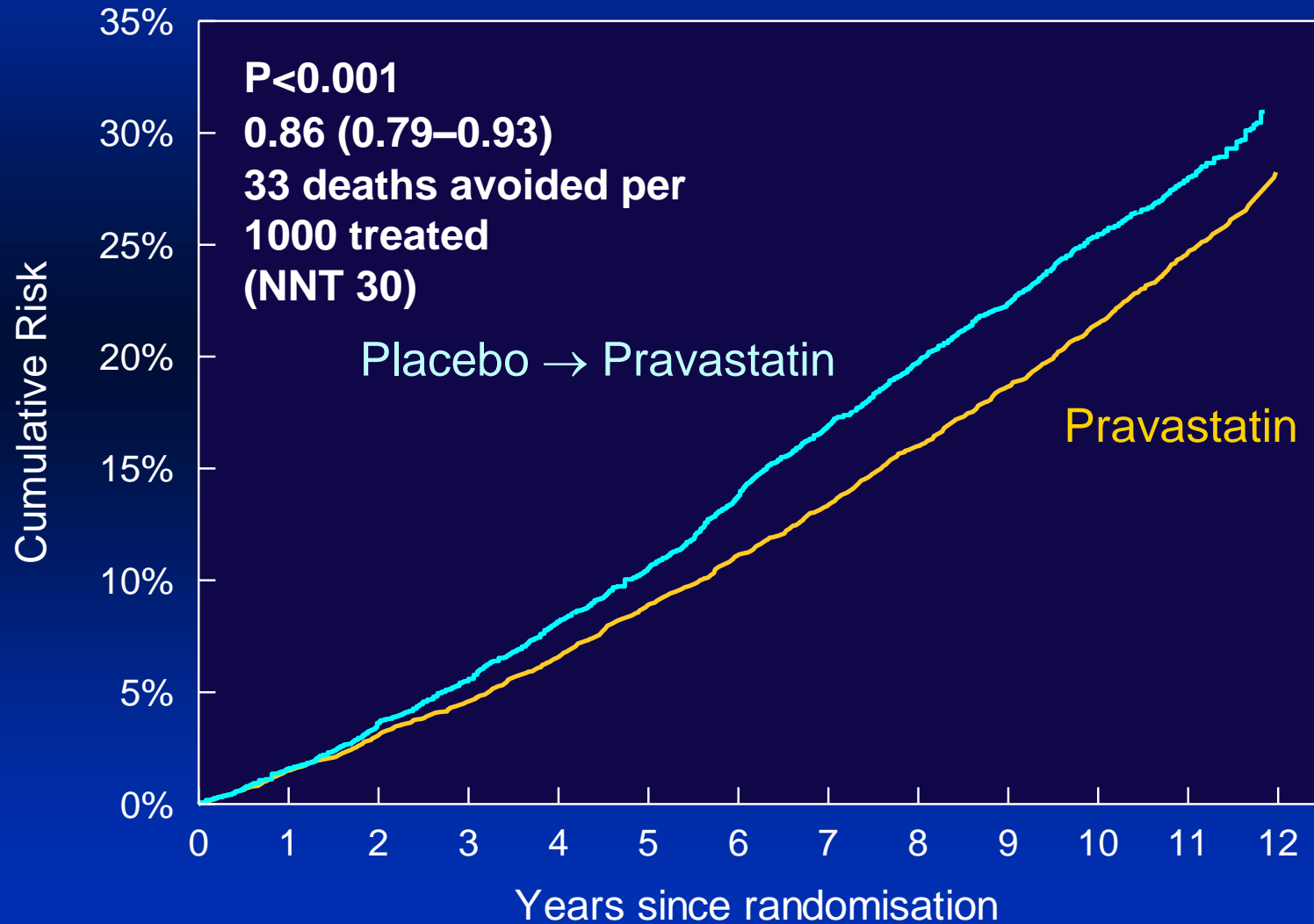


- **Cause of death classified by Outcome Assessment Committee (blinded) over 1<sup>st</sup> 8 years in major groups as:**
  - **Coronary**
  - **Other Vascular: Stroke-related and other**
  - **Non- cardiovascular:**
    - **Cancer**
    - **Other non-vascular**
- **Deaths in extended follow-up were classified in same categories from the national death registry information based on ICD registry codes**
- **Validation study during main trial demonstrated reasonable concordance in major groupings (sensitivity 93%, specificity 90% for CVD death).**

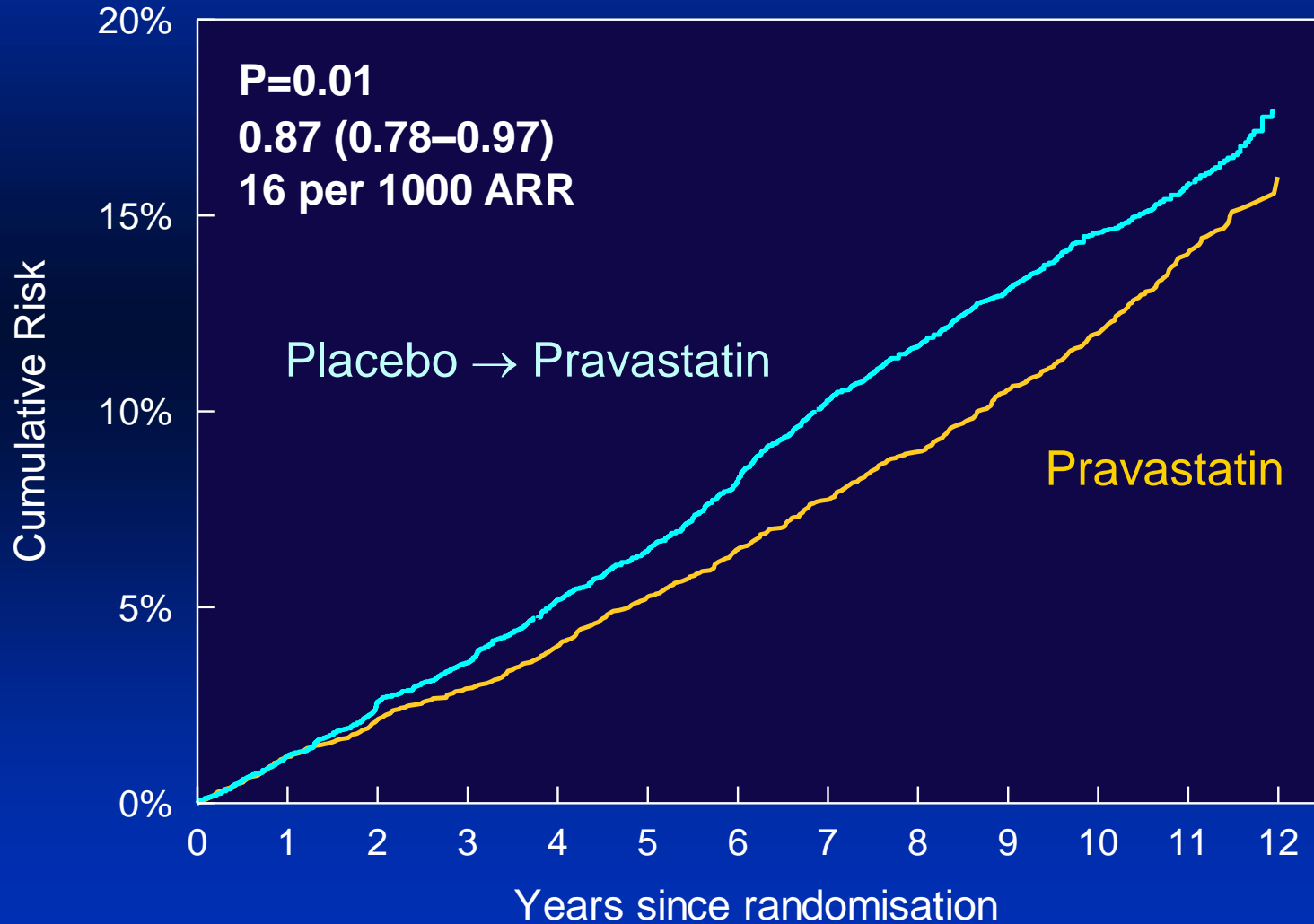


Cause of death	n	% cause	% died in LIPID
Coronary	1293	53%	14%
Stroke	136	6%	2%
Other CVD	111	5%	1%
Total CVD	1540	63%	17%
Cancer	619	25%	7%
Other non-CVD	279	11%	3%
Total	2438	100%	27%

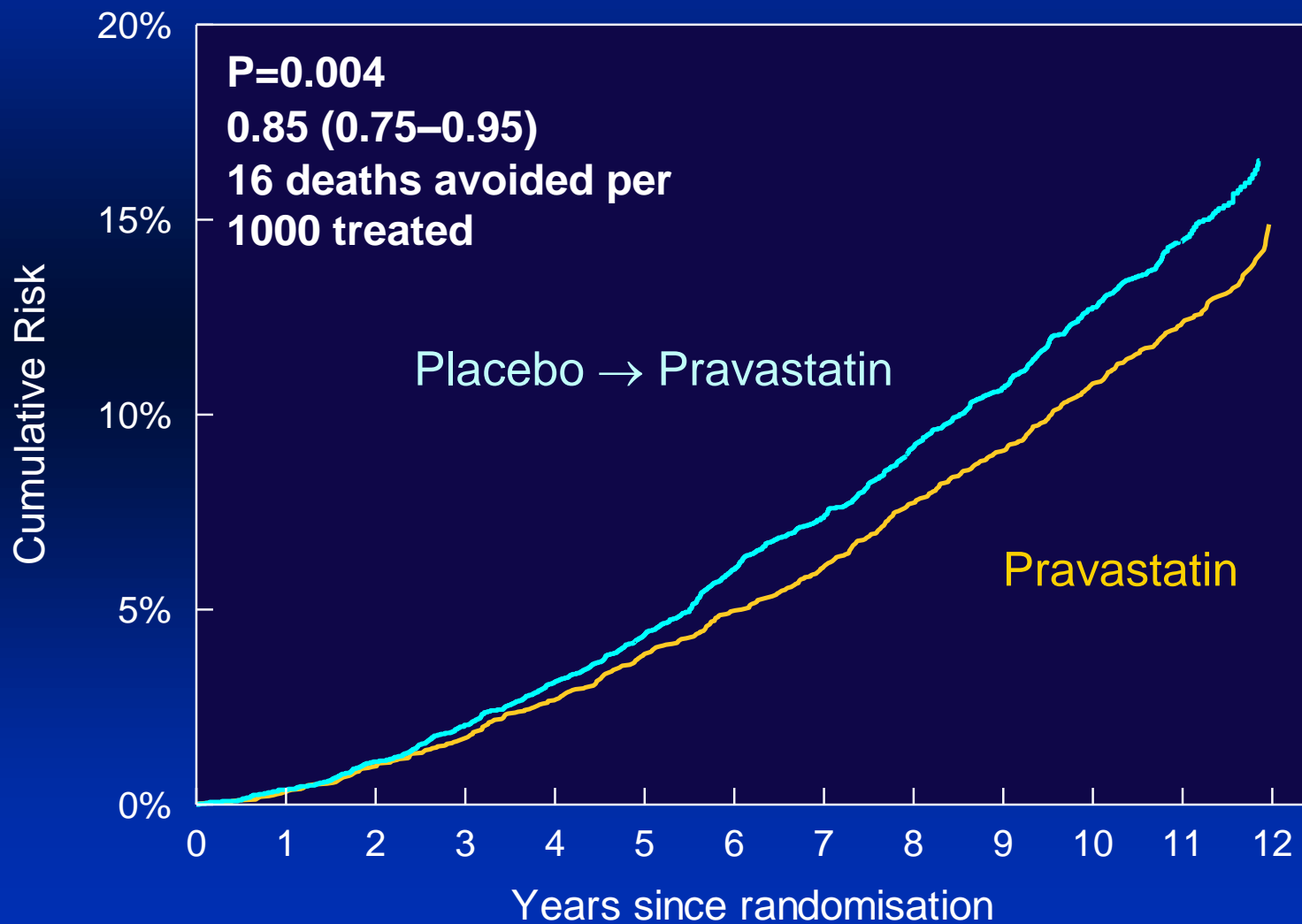
# Total Mortality



# CHD Mortality

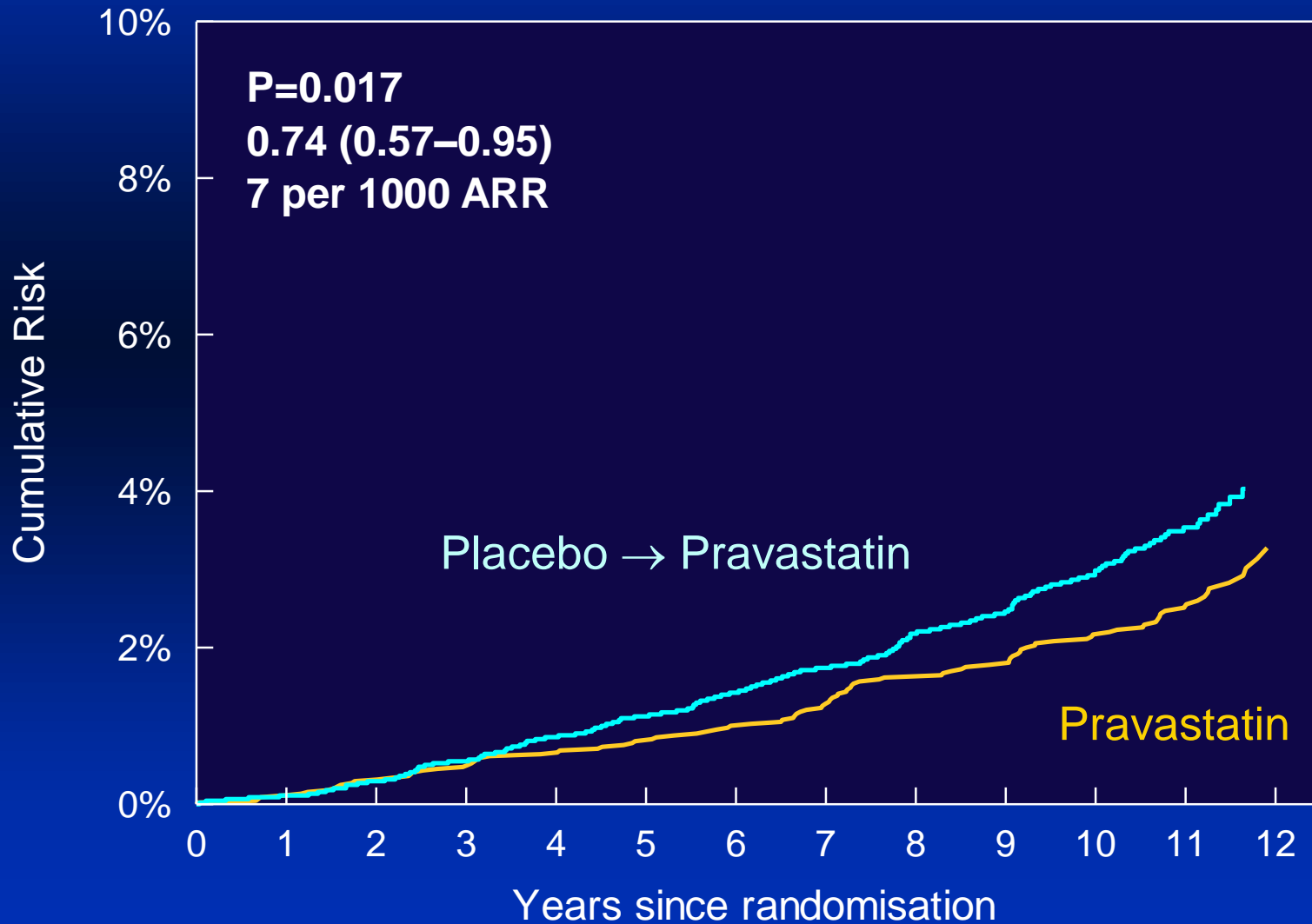


# Non-CHD Mortality

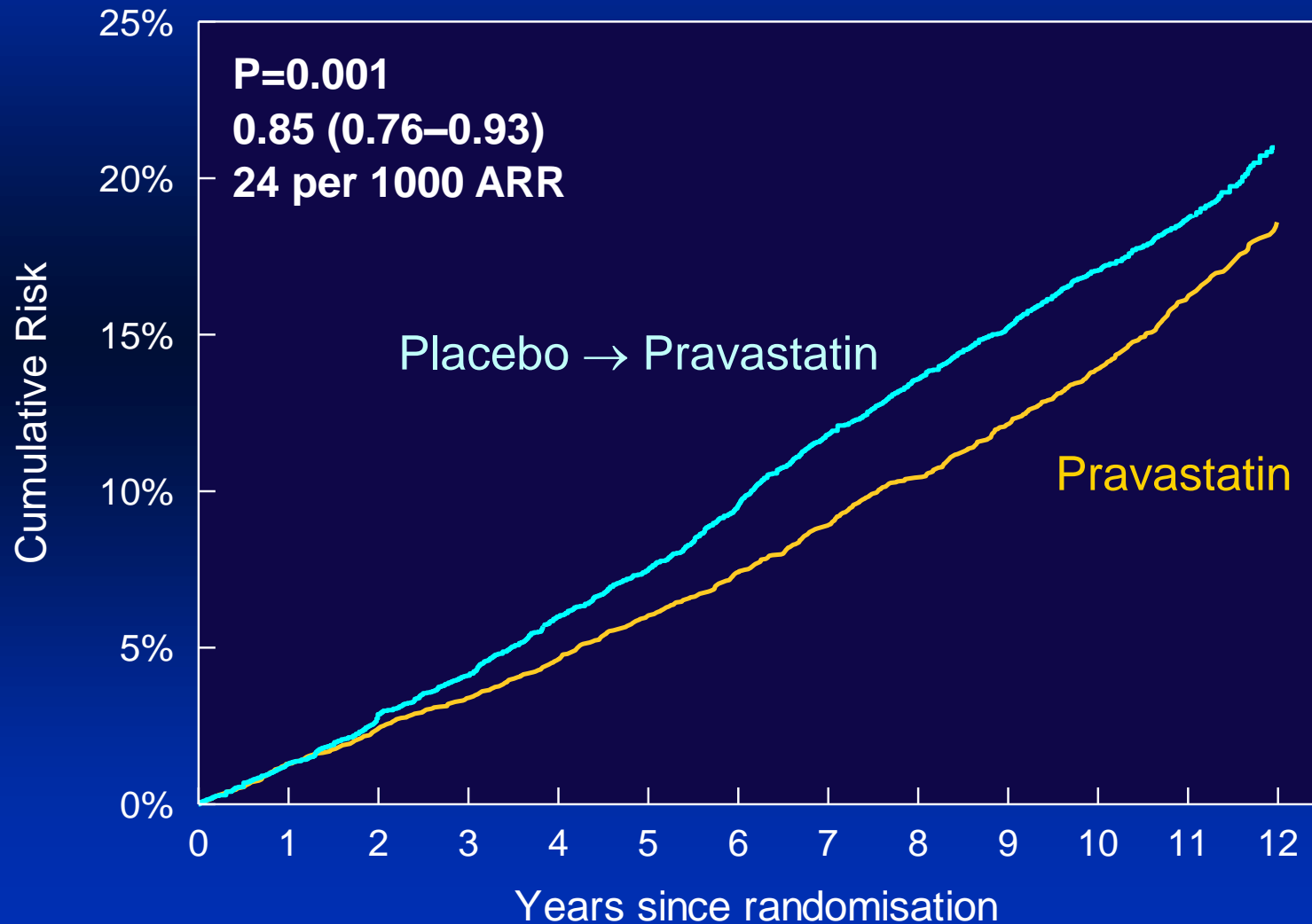




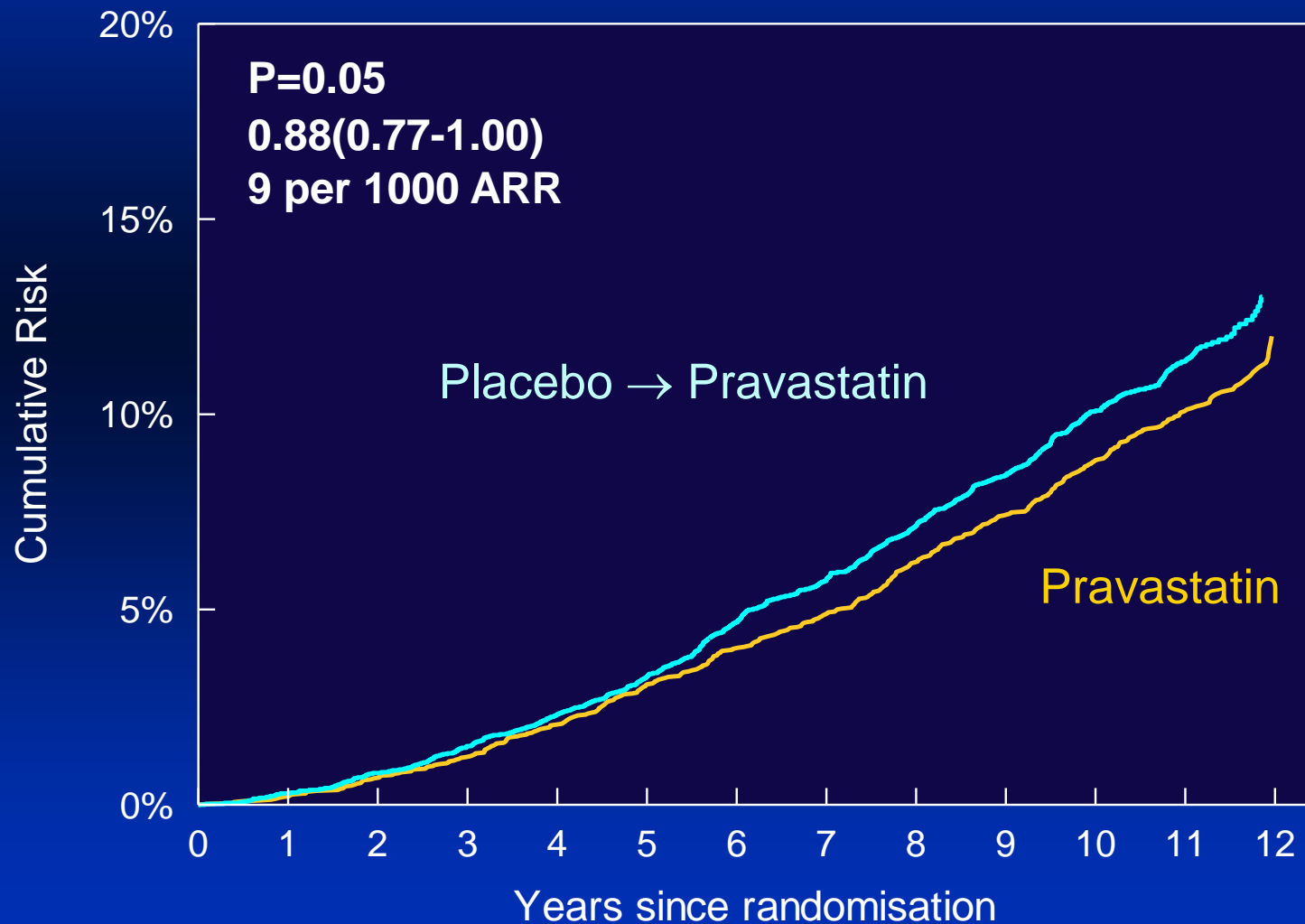
# Vascular Mortality Non-CHD



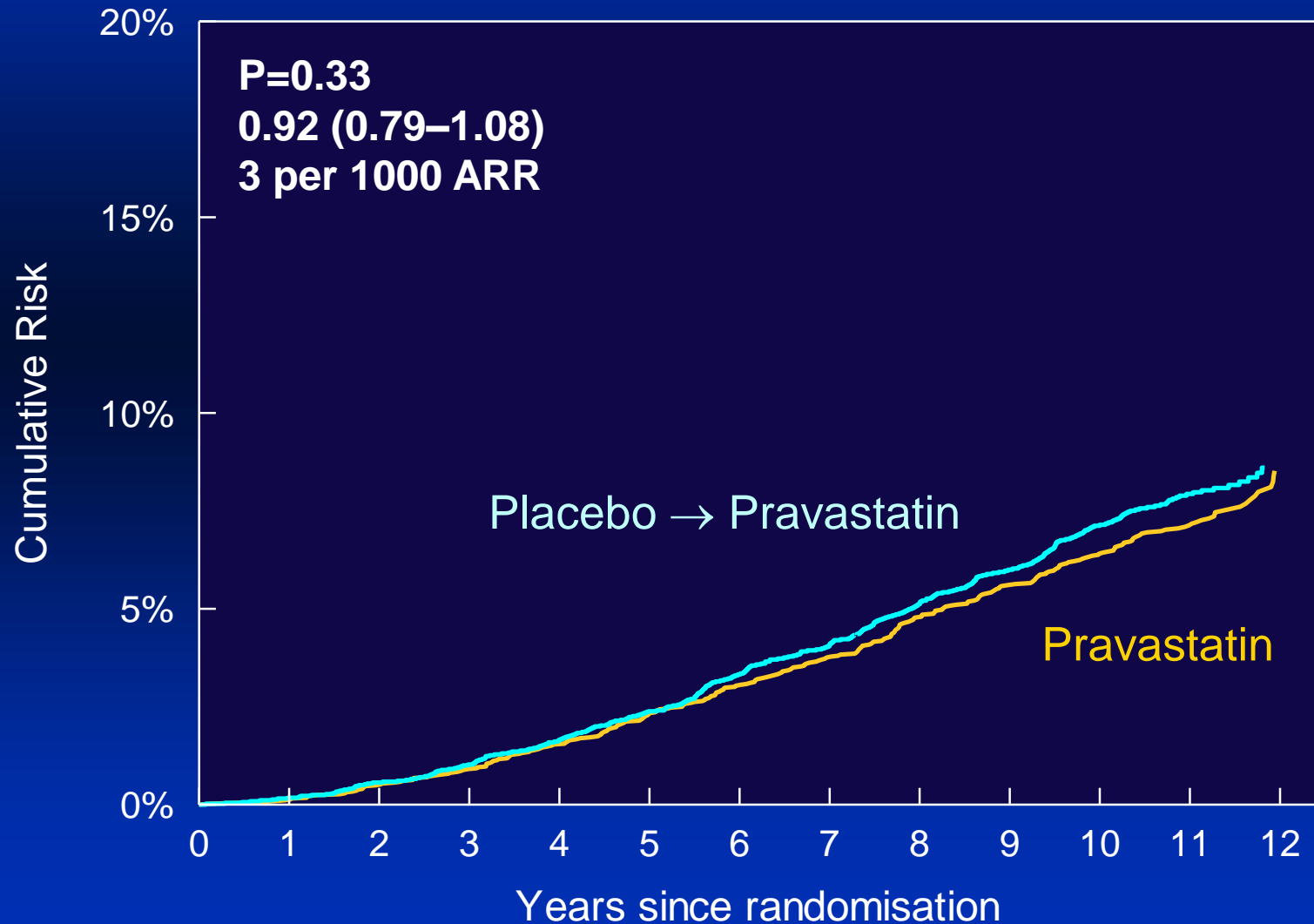
# CVD Mortality



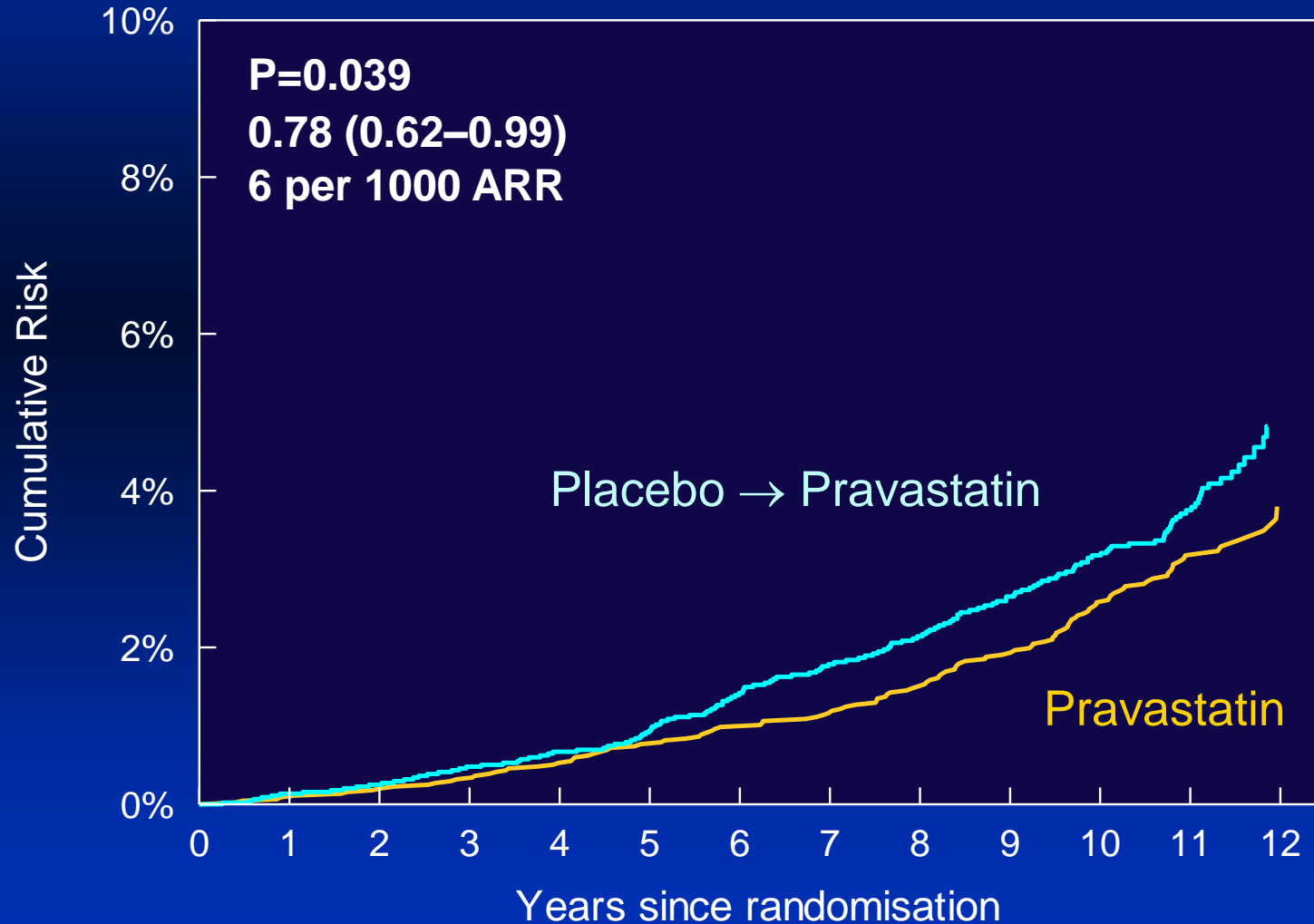
# Non-CVD Mortality



# Cancer Mortality



# Other Mortality Non-CVD Non-Cancer



# Cause-Specific Mortality



Cause of death	Placebo gp (%)	Pravastatin gp (%)	HR (95% CI)	P-value
Coronary	15.1	13.5	0.87 (0.78-0.97)	0.01
Other CVD	3.1	2.4	0.74 (0.57-0.95)	0.02
Stroke	1.7	1.3	0.76 (0.50-1.06)	0.11
Other Vascular	1.4	1.0	0.71 (0.49-1.04)	0.08
<b>Total CVD</b>	<b>18.3</b>	<b>15.9</b>	<b>0.85 (0.76-0.93)</b>	<b>0.001</b>
Cancer	7.0	6.7	0.92 (0.79-1.08)	0.33
Other Non-CVD	3.4	2.8	0.78 (0.62-0.99)	0.04
<b>Total Non-CVD</b>	<b>10.4</b>	<b>9.5</b>	<b>0.88 (0.77-1.00)</b>	<b>0.05</b>
<b>Total</b>	<b>28.7</b>	<b>25.4</b>	<b>0.86 (0.79-0.93)</b>	<b>&lt;0.001</b>

# Cause-Specific Mortality

## Adjusted for CHD events\*



Cause of death	HR (95% CI)	P-value	HR (95% CI)	P-value
	Unadjusted Analysis		Adjusted analysis	
Coronary	0.87 (0.78-0.97)	0.01	0.84 (0.75-0.93)	0.001
Other CVD	0.74 (0.57-0.95)	0.02	0.71 (0.55-0.92)	0.008
Total CVD	0.85 (0.76-0.93)	0.001	0.81 (0.74-0.90)	<0.001
Non-CHD	0.85 (0.75-0.95)	0.004	0.82 (0.73-0.92)	0.001
Non-CVD	0.88 (0.77-1.00)	0.05	0.85 (0.74-0.97)	0.014

\* Adjusted for on-study CHD events in Cox regression analysis



# *LIPID Trial Extension*

## Discussion / Conclusions



- **Clear evidence of sustained survival benefit from initial pravastatin treatment for 5 years compared with delayed cholesterol lowering treatment**
- **No evidence of harm in terms of an increase in cancer deaths or deaths from any other cause**
- **These long term outcomes confirm findings previously reported in long term follow-up of 4S trial in a broader patient group with prior CHD**





- **New evidence of a significant reduction in non-CVD death of uncertain significance**
  - Possible chance finding
  - Not explained by a reduction in earlier non-fatal events
  - Possible misclassification of cause of death
  - Possible reduced CVD complications in patients dying from non-CVD causes
  - Not attributed to a specific non-CVD cause



# *LIPID Trial Extension*

## Discussion / Conclusions



- Clear evidence of a significant reduction in vascular deaths not seen in CTT overview of statin trials (non-significant trend)
- Long-term follow-up of LIPID trial confirms long-term benefits of statin therapy and provides additional reassurance on safety
- Further follow-up and assessment of cancer incidence of LIPID trial in progress

L I P I D  
Cohort



# Change in Total Cholesterol

Mean with 95% confidence intervals

