

Study Under Way To Better Understand Cardiovascular Risk Reduction And Potential Of Statins

Treating Patients With Inflammation May Lead To Longer Life

(NAPSA)—For years, physicians have relied on cholesterol as a key indicator of cardiovascular disease risk. Recent research, however, suggests that even people with normal cholesterol levels may also be at risk because of inflammation in the blood-vessel walls, as determined by increased levels of inflammatory markers such as C-reactive protein or CRP. Inflammation can lead to fatty buildup and subsequent plaque formation in the arteries, which can become unstable, break off and trigger a heart attack or stroke.

One study, called JUPITER (Justification for the Use of statins in Primary prevention: an Intervention Trial Evaluating Rosuvastatin), is ongoing and will provide physicians with important answers when it comes to treating patients with normal to low cholesterol levels but elevated CRP. JUPITER will investigate the effect of the AstraZeneca cholesterol-lowering drug, CRESTOR® (rosuvastatin calcium), in the primary prevention of cardiovascular events in this patient population.

The study, led by Paul Ridker, MD, MPH, Director of the Center of Cardiovascular Disease Prevention, Brigham and Women's Hospital, Boston, is currently being conducted among 15,000 men and women. The results are especially anticipated following the release of updated recommendations last year by the American Heart Association (AHA) and the Centers for Disease Control and Prevention (CDC) urging physicians to consider CRP testing as a useful tool for evaluating patients with moderate risk for heart disease.

"Our main goal as physicians is to provide patients with the best possible care," says Dr. Ridker. "Recognizing the potential importance of CRP levels to determine cardiovascular disease risk may enable physicians to better diagnose and treat patients who may

Information About C-Reactive Protein

- Twenty-five million Americans are estimated to have normal to low cholesterol levels and elevated CRP levels.
- JUPITER will enable physicians to evaluate the potential importance of statins in the reduction of cardiovascular events in patients with elevated CRP and normal to low cholesterol levels.



otherwise have been overlooked, potentially resulting in a devastating outcome.

"We hope JUPITER will demonstrate the protective benefits of rosuvastatin by reducing major cardiovascular events in this population," added Dr. Ridker. "We will then conclusively be able to evaluate the importance of statin therapy for patients with normal to low cholesterol and better understand CRP as a possible independent indicator for cardiovascular disease."

According to the AHA, cardiovascular disease is the leading cause of death in the United States, claiming one life every 34 seconds. And of the over 70 million Americans with one or more types of cardiovascular disease, over 27 million are estimated to be age 65 and older.

About CRESTOR

CRESTOR (rosuvastatin calcium) is a once-daily prescription medication for use as an adjunct to diet in the treatment of various lipid disorders including primary hypercholesterolemia, mixed dyslipidemia and isolated hypertriglyceridemia. It is a member of the statin (HMG-CoA reductase inhibitors) class of drug therapy. CRESTOR has not been determined to prevent heart disease, heart attacks or strokes. For patients with hypercholesterolemia and mixed dyslipidemia, the usual recommended starting dose of CRESTOR is 10 mg. Initiation of

therapy with 5 mg once daily may be considered for patients requiring less aggressive LDL-C reductions or who have predisposing factors for myopathy. For patients with marked hypercholesterolemia (LDL-C >190 mg/dL) and aggressive lipid targets, a 20-mg starting dose may be considered. The 40-mg dose of CRESTOR should be reserved for those patients who have not achieved LDL-C goal at 20 mg. AstraZeneca licensed worldwide rights to CRESTOR from the Japanese pharmaceutical company Shionogi & Co., Ltd.

Important Safety Information

CRESTOR is contraindicated in patients with active liver disease or unexplained persistent elevations of serum transaminases, in women who are pregnant or may become pregnant, and in nursing mothers. It is recommended that liver function tests be performed before and at 12 weeks following both the initiation of therapy and any elevation of dose, and periodically (e.g., semi-annually) thereafter. Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with CRESTOR and with other drugs in this class. CRESTOR should be prescribed with caution in patients with predisposing factors for myopathy, such as renal impairment. Patients should be advised to promptly report unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. CRESTOR is generally well tolerated. Adverse reactions have usually been mild and transient. The most frequent adverse events thought to be related to CRESTOR were myalgia (3.3%), constipation (1.4%), asthenia (1.3%), abdominal pain (1.3%) and nausea (1.3%).

For more information or to volunteer for the JUPITER trial, please log on to www.jupiterstudy.com or call 1-888-660-8254.