AstraZeneca

STUDY REPORT SUMMARY

ASTRAZENECA PHARMACEUTICALS

FINISHED PRODUCT: Rosuvastatin
ACTIVE INGREDIENT: Rosuvastatin calcium

Study No: NIS-CSG-CRE-2011/1
A Registry to Collect Data of Efficacy and Safety Between Rosuvastatin, and Atorvastatin and Simvastatin In Subjects With Type IIa and IIb Hypercholesterolaemia Under Real Clinical Settings

Developmental Phase: Phase 4
Study Completion Date: 9th December 2010
Date of Report: 12th October 2011

OBJECTIVES:

This study is designed to retrospectively evaluate the efficacy and safety of rosuvastatin 10mg in reducing LDL-C and modifying other lipid parameters compared to atorvastatin 10mg and simvastatin 10mg.

This is a follow-up in the same group of patients at 6 years. The follow-up study is designed to retrospectively evaluate the long term lipid lowering efficacy and safety of rosuvastatin in reducing LDL-C and modifying other lipid parameters in clinical practice.

The primary objective of the follow-up programme is to collect data of efficacy of rosuvastatin by assessment of the percentage of subjects who maintain US National Cholesterol Education Program (NCEP) Adult Treatment Panel III (ATP III) LDL-C target goals after long-term therapy under real clinical setting.

Secondary outcome measures include LDL-cholesterol levels, HDL-cholesterol levels and proportion of patients having raised levels of serum creatinine kinase or liver enzymes.

METHODS:

This is a retrospective, observational study to evaluate the efficacy and safety of rosuvastatin in lowering plasma LDL-C and the achievement of LDL-C goals in patients

in clinical practice. The subjects are those who previously participated in the rosuvastatin registry program. The following variables were recorded from the patient case notes.

- Subjects still on rosuvastatin alone, or on other lipid lowering therapy
- Duration of follow-up
- Current rosuvastatin dosage
- LDL cholesterol, total cholesterol, HDL cholesterol and triglyceride levels
- Percentage of subjects at NCEP ATP III goals
- Creatinine kinase, creatinine, glucose and HbA1c levels
- Muscle and liver side effects
- Clinical events

All statistical analyses were performed using STATA version 11.2 (STATA Corp., College Station, TX). We used t-tests to compare means of continuous variables across two different categories. For comparison of means across three or more categories, ANOVA was used. We present continuous variables in terms of means (standard deviation; SD) and when needed these means were adjusted for age and gender. For categorical variables, Fisher's exact tests were used to compare proportions across multiple categories. In all statistical tests, type I error (alpha) was set at 5% and p-value < 0.05 was used to conclude statistical significance.

RESULTS:

- 500 subjects (50%) from the first registry study were followed-up.
- A majority of subjects (81.6%) who were followed-up are still on rosuvastatin treatment.
- The entire duration of follow-up was 5.88 ± 1.16 years.
- The mean dose of rosuvastatin was 10.31 + 3.71 mg and 12.86 + 5.29 mg in subjects on rosuvastatin only, and on rosuvastatin plus other lipid lowering agents, respectively.
- A majority of subjects who were on rosuvastatin plus another lipid lowering agents were on ezetimibe (63.5%). Other lipid lowering agents added included fibrates (19.0%), nicotinic acid (12.7%), ezetimibe plus fibrate (1.6%) and ezetimibe plus nicotinic acid (1.6%).
- The reasons why subjects were no longer taking rosuvastatin included statin switched due to normal lipid levels (38.0%), statin switched plus ezetimibe added

(30.4%), statin stopped due to normal lipid levels (14.1%), cost (3.3%) and adverse side effects (2.2%).

- After adjustment for age and gender, subjects on rosuvastatin have statistically lower LDL cholesterol levels compared to those on another statin.

- After adjustment for age and gender, subjects on rosuvastatin have statistically lower total cholesterol levels compared to those on another statin.

- There were no statistically significant differences in creatinine kinase, creatinine, glucose and HbA1c levels in subjects on rosuvatatin, other statins, or non statin lipid lowering therapy.

- 88.4% of subjects on rosuvastatin who were at NCEP ATP III goal in the first registry study are still at NCEP ATP III goal. 61.1% of subjects who were not at NCEP ATP III goal in the first registry study are now at goal.

- There was no difference in the proportion of subjects experiencing adverse side effects among the different lipid lowering treatment groups. No rhabdomyolysis, myolysis or myositis were experienced. Increased SGPT or SGOT were mostly at levels of < 100 U/L. No subjects experienced increased SGPT or SGOT levels of > 100 U/L. A small number of subjects underwent CABG (2%) or PTCA (5.6%).