

The Heart Outcomes Prevention Evaluation (HOPE) – 3 Trial

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For the HOPE-3 Investigators

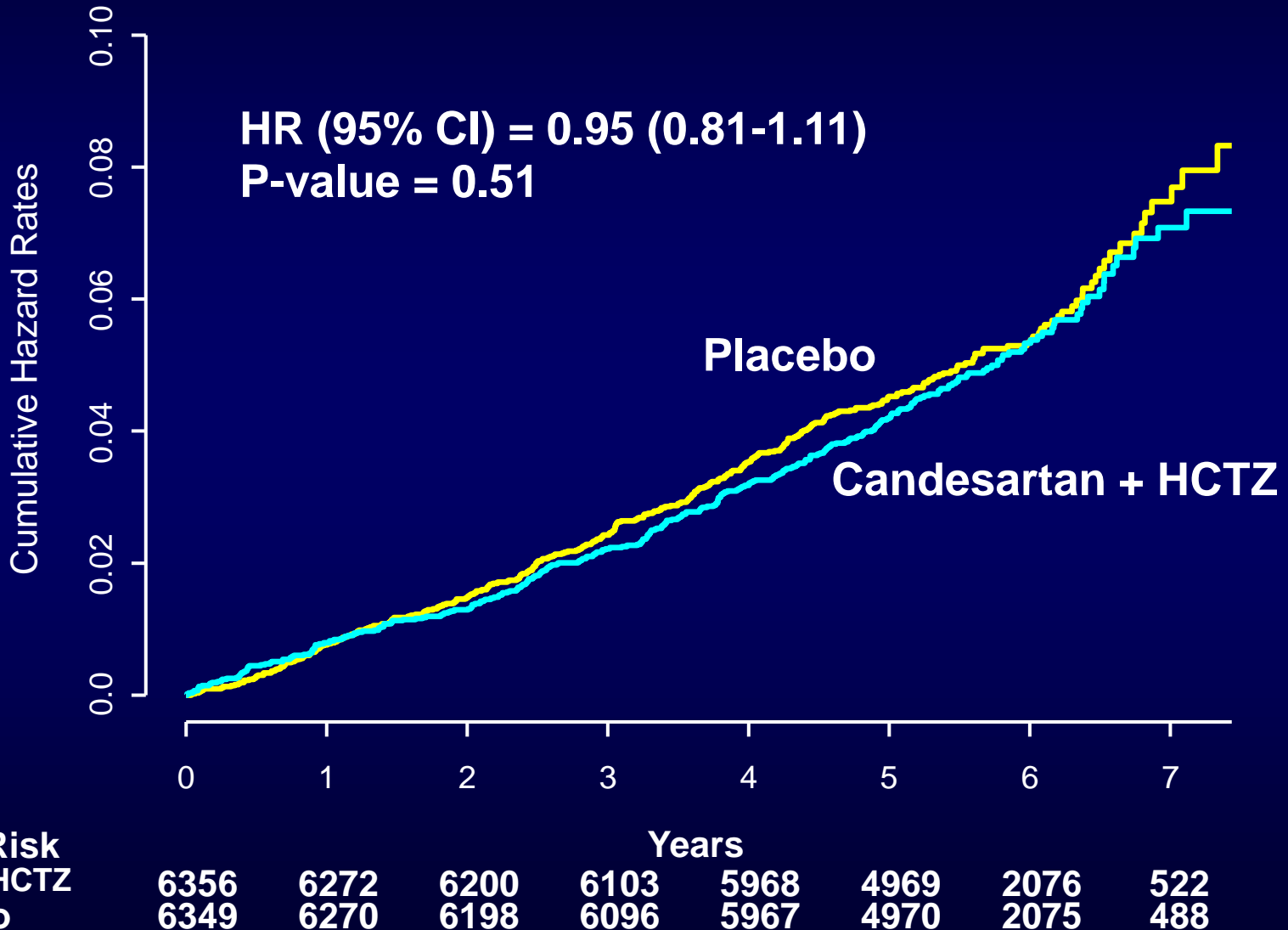
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Unique Aspects of HOPE-3

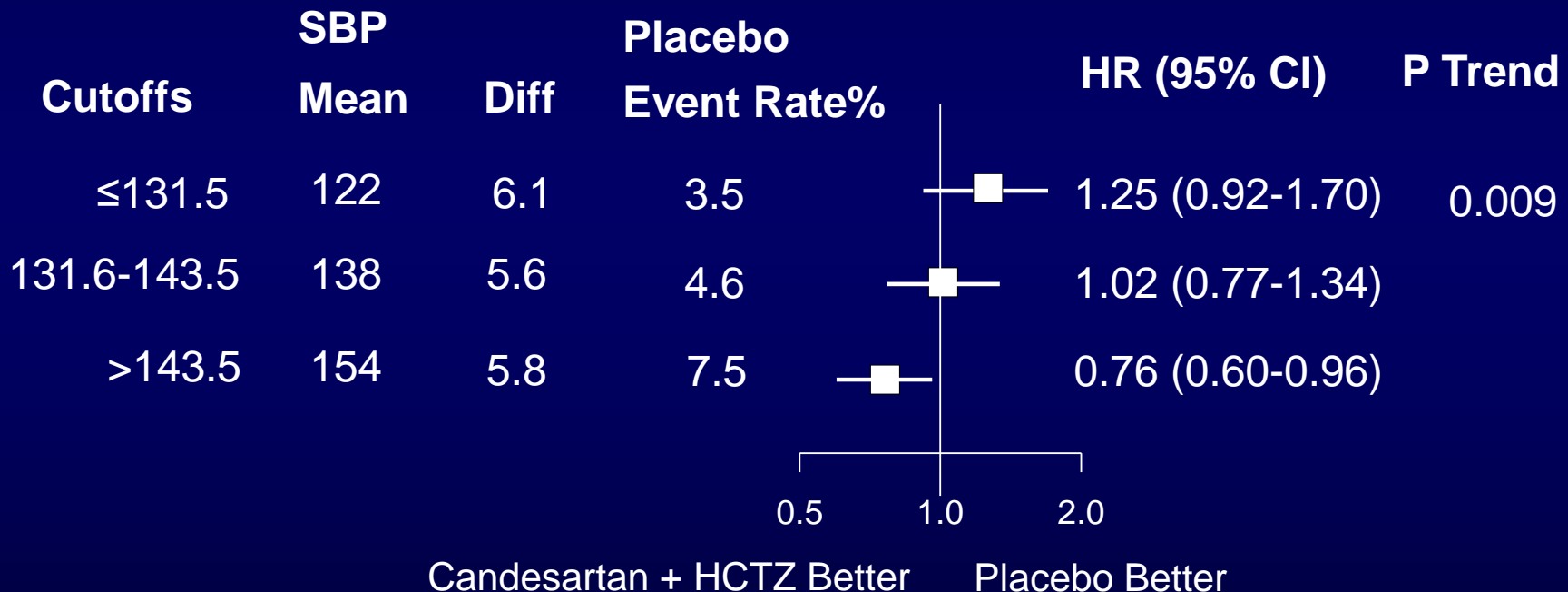
- BP lowering trial with wide range of BP entry criteria
- Cholesterol lowering treatment based on risk opposed to baseline LDL or HDL measurement
- Diverse population

CV Death, MI, Stroke, Cardiac Arrest, Revascularization, Heart Failure



Prespecified Subgroups: By Thirds of SBP

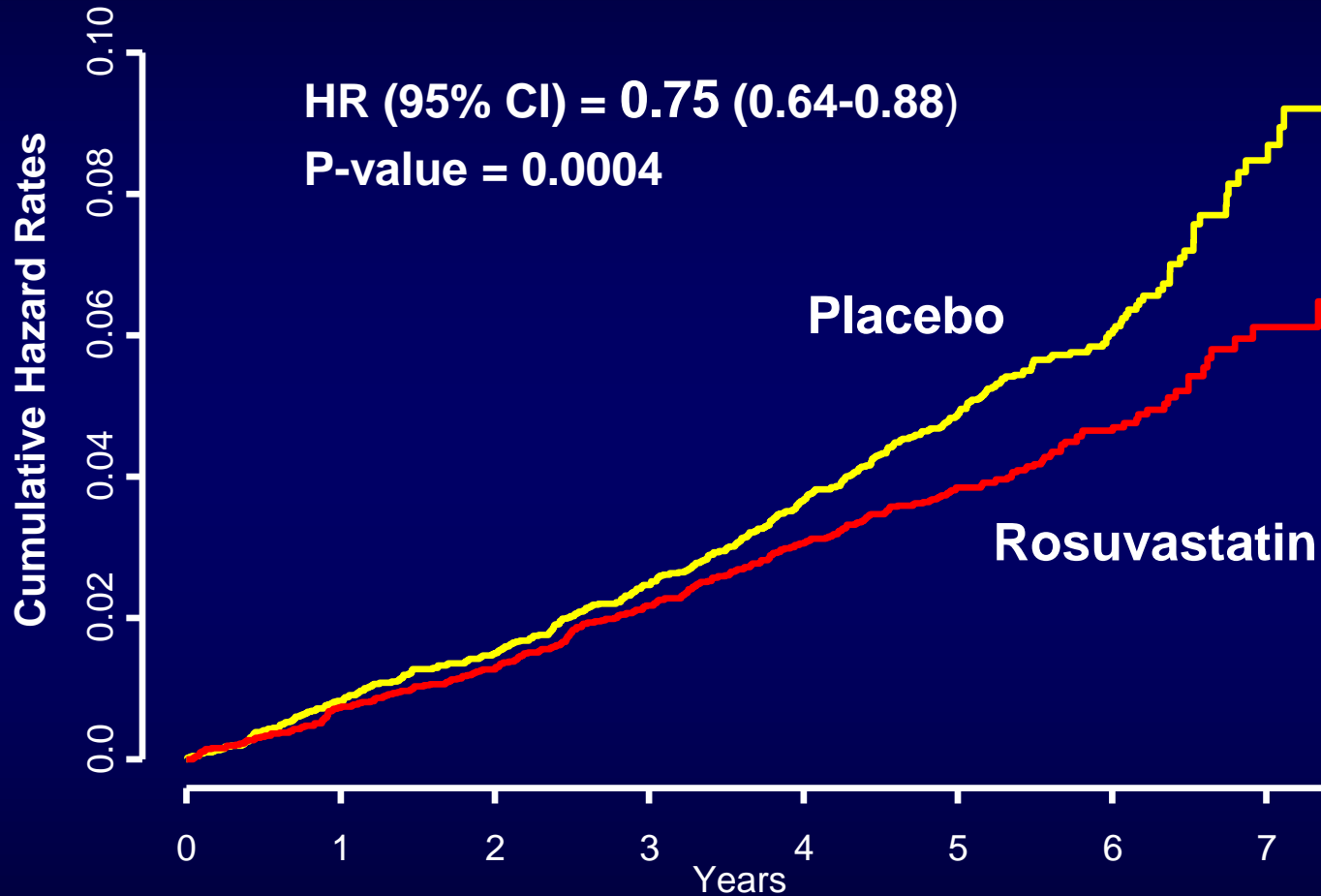
CV Death, MI, Stroke, Cardiac Arrest, Revasc, HF



BP Lowering Arm: Conclusions

- Fixed dose combination of Candesartan 16 mg + HCTZ 12.5 mg/day reduced BP by 6.0/3.0 mmHg, but did not reduce CV events
- CV events were significantly reduced in the highest third of SBP
 - SBP >143.5 mmHg, mean 154 mmHg
- Results were neutral in the middle third, and trended towards harm in the lowest third of SBP
- Treatment increased lightheadedness, but not syncope or renal dysfunction

CV Death, MI, Stroke, Cardiac Arrest, Revasc, Heart Failure



Rosuva	6361	6241	6039	2122
Placebo	6344	6192	5970	2073

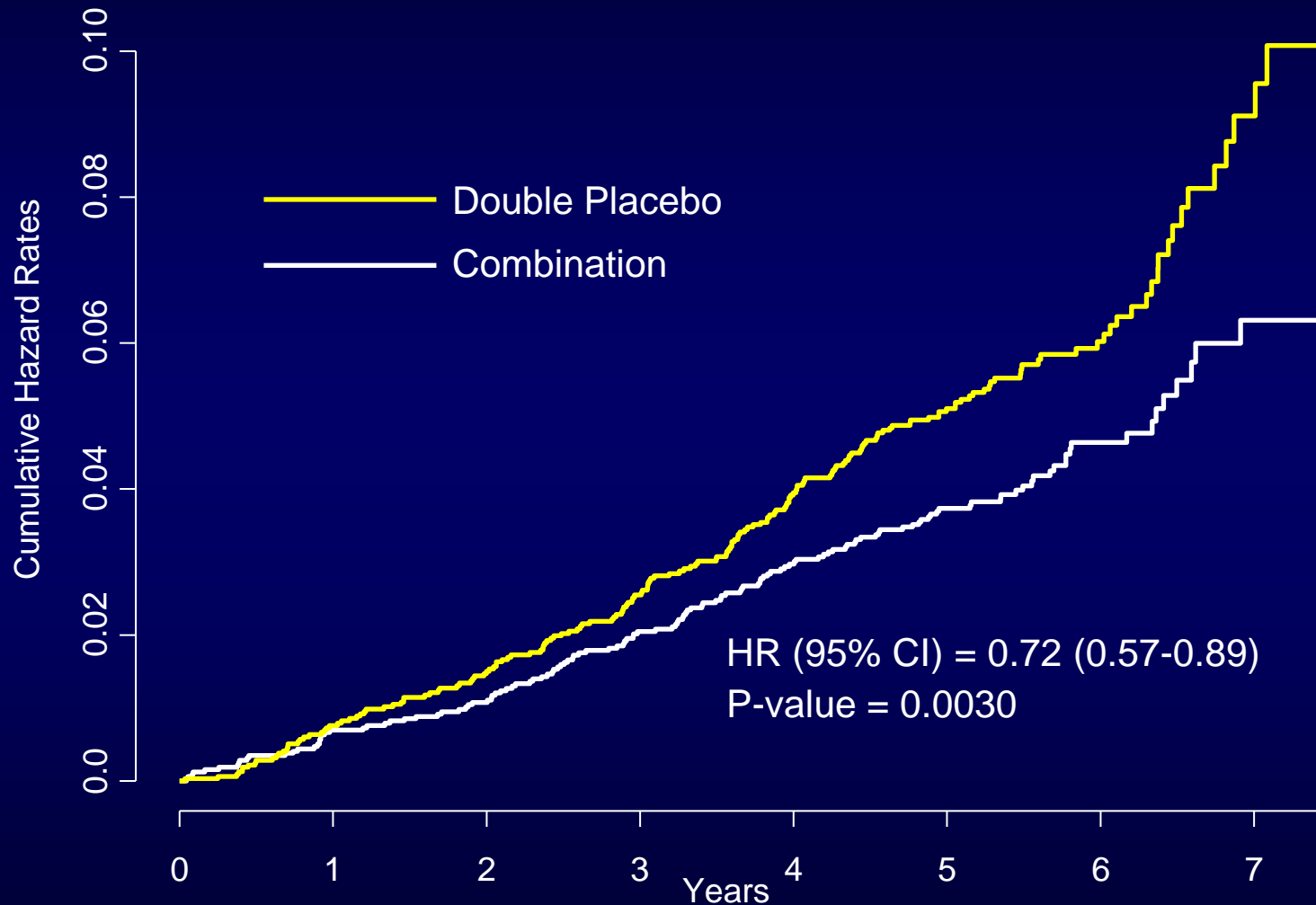
Cholesterol Lowering: Conclusions

- Rosuvastatin 10mg/day reduced:
 - LDL-C by 34.6 mg/dl (0.9 mmol/l; i.e. 27% in LDL-C)
 - **CVD by 25%**
- Consistent benefits regardless of:
 - LDL-C
 - SBP
 - Risk
 - CRP
 - Ethnicity
- Excess in muscle pain/weakness (reversible) and perhaps cataract surgery
- No excess in rhabdomyolysis, myopathy or new diabetes

Unique Aspects of BP & Chol Lowering

- First formal testing of polypill concept on clinical events
- Demonstrates that the concept is valid in people with elevated BP; in others there is no benefit

CV Death, MI, Stroke, Cardiac Arrest, Revasc, Heart Failure



Combination	3180
Rosuvastatin	3181
Candesartan/HCTZ	3176
Double Placebo	3168

4

3063
3061
3040
3035

1057
1045
1019
1030