

CURVES trial

Impressive LDL-C reduction at every dose²⁹



CURVES LDL-C reduction from baseline²⁹

LIPITOR® (atorvastatin calcium)



Simvastatin



Pravastatin



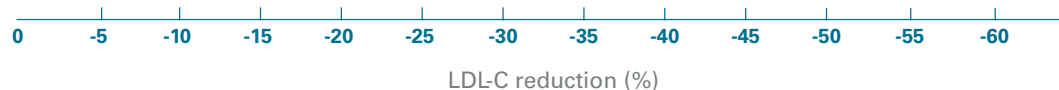
Lovastatin



Fluvastatin



LDL-C reduction at 80-mg doses: LIPITOR 80 mg (qd)=54% vs lovastatin 80 mg (40 mg bid)=48%, $P=NS$.



*Significantly greater than mg-equivalent doses of comparative agents ($P \leq .01$).

†Significantly less than LIPITOR 10 mg ($P \leq .02$).

‡Significantly less than LIPITOR 20 mg ($P \leq .01$).

Atorvastatin 10 mg (n=73), 20 mg (n=51), 40 mg (n=61), 80 mg (n=10); simvastatin 10 mg (n=70), 20 mg (n=49), 40 mg (n=61); pravastatin 10 mg (n=14), 20 mg (n=41), 40 mg (n=25); lovastatin 20 mg (n=16), 40 mg (n=16), 80 mg (n=11); fluvastatin 20 mg (n=12), 40 mg (n=12). Baseline LDL-C values were similar for all groups.

Patient demographics evenly distributed across treatment groups: mean age=55 years; modified intent-to-treat patients=59% male, 41% female.

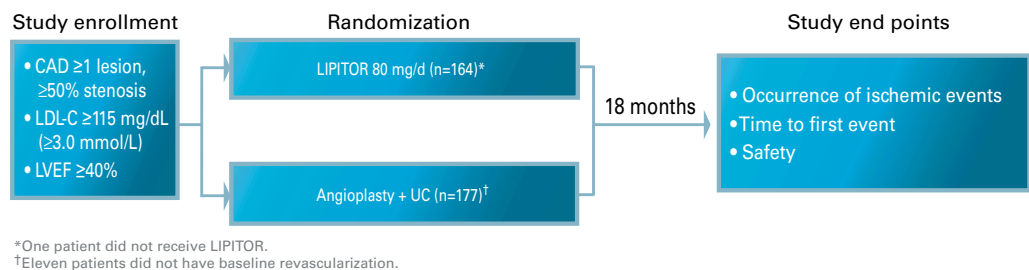
- The impact on clinical outcomes of the differences in lipid-altering effects between treatments shown in this chart is not known

Demonstrated clinical end-point benefits in patients with stable CAD



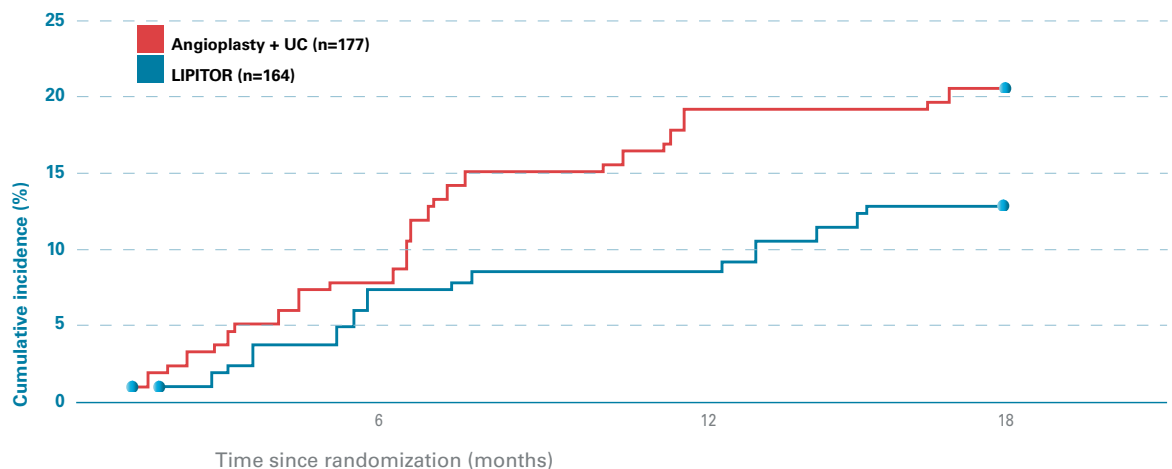
AVERT compared LIPITOR® (atorvastatin calcium) 80 mg with angioplasty plus usual care (UC) in patients with stable CAD²⁰

AVERT trial design²⁰



AVERT

Time to first ischemic event²⁰



○ LIPITOR® (atorvastatin calcium) produced a 36% greater reduction in the risk of ischemic events versus angioplasty

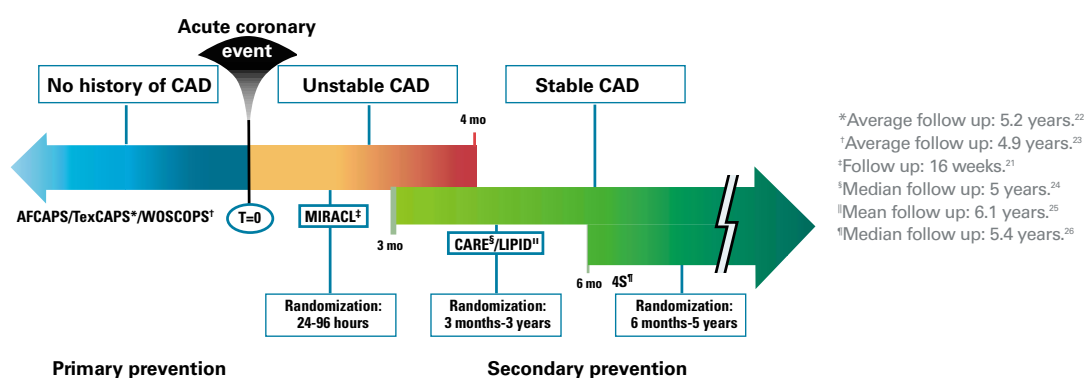
Results of an 18-month, multicenter, open-label, randomized, parallel-group study comparing atorvastatin 80 mg (n=164) with angioplasty plus usual care (n=177). Ischemic events included cardiac death, cardiac arrest, nonfatal MI, CVA, CABG, angioplasty (other than the original procedure in the angioplasty/usual care group), and worsening angina verified by objective evidence resulting in hospitalization. Intent-to-treat analysis.²⁰

Demonstrated clinical benefits in patients with acute coronary syndrome (ACS)



MIRACL is the first statin study to assess the clinical benefits of early, aggressive lipid lowering in ACS patients²¹

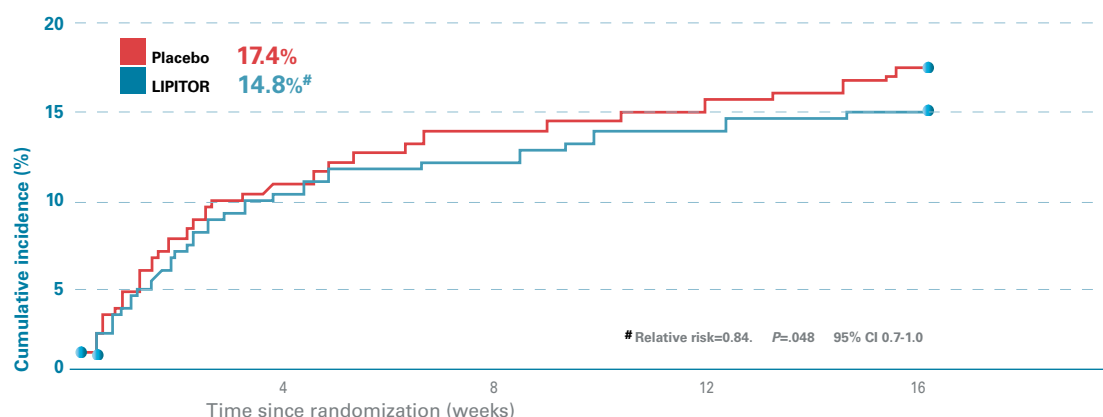
Treatment initiation and patient population of different studies examining the clinical benefits of lipid lowering²¹⁻²⁶



MIRACL

Time to first occurrence of primary composite end point²¹

Primary composite end point: death, nonfatal AMI, resuscitated cardiac arrest, and angina pectoris with evidence of myocardial ischemia requiring hospitalization.



○ LIPITOR® (atorvastatin calcium) significantly reduced incidence of recurrent ischemic events in only 16 weeks²¹

A multicenter, randomized, double-blind, placebo-controlled, 16-week trial comparing atorvastatin 80 mg qd (n=1538) with placebo plus usual care (n=1548) in 3086 patients with unstable angina or non-Q-wave AMI. Treatment was initiated within 24 to 96 hours of hospitalization with follow up at 2, 6, and 16 weeks.

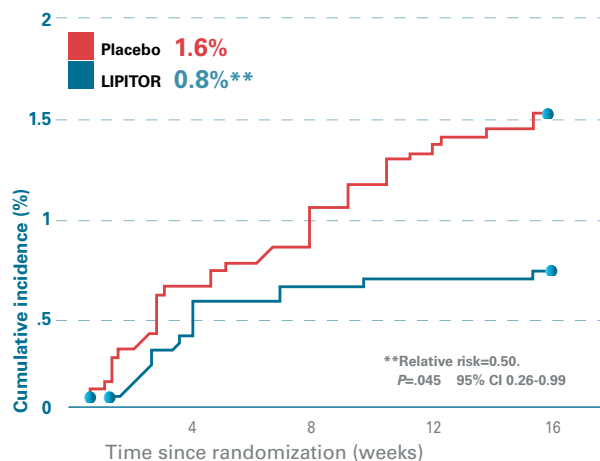
Demonstrated significant reductions in stroke—and angina requiring rehospitalization



MIRACL

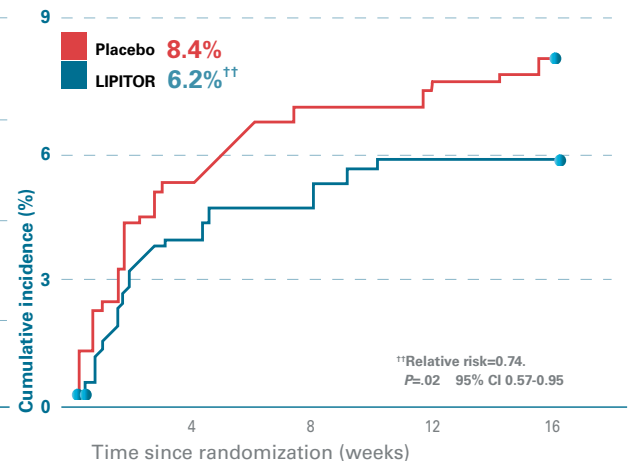
LIPITOR® (atorvastatin calcium) significantly reduced occurrence of fatal or nonfatal stroke in high-risk patients^{19,21}

Rapid response to LIPITOR treatment—fatal or nonfatal stroke



LIPITOR significantly reduced incidence of recurrent angina requiring rehospitalization^{19,21}

Time to first recurrent symptomatic myocardial ischemia emergency rehospitalization



A multicenter, randomized, double-blind, placebo-controlled, 16-week trial comparing atorvastatin 80 mg qd (n=1538) with placebo plus usual care (n=1548) in 3086 patients with unstable angina or non-Q-wave AMI. Treatment was initiated within 24 to 96 hours of hospitalization with follow up at 2, 6, and 16 weeks. Primary composite end point: death, nonfatal AMI, resuscitated cardiac arrest, and angina pectoris with evidence of myocardial ischemia requiring hospitalization.²¹

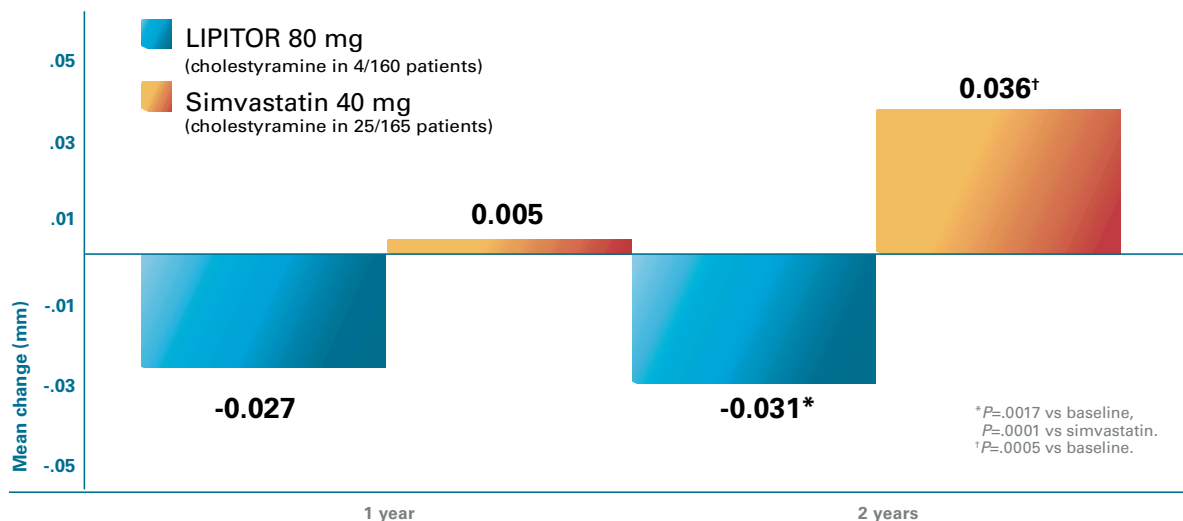
LIPITOR[®] (atorvastatin calcium) demonstrated plaque regression^{19,27}



ASAP

Mean change in carotid IMT (mm)

LIPITOR 80 mg demonstrated significant atherosclerotic regression versus simvastatin 40 mg as measured by reduction in carotid IMT^{19,27}



Mean change in all segments combined, intent-to-treat population (N=325).

Results of a 2-year, double-blind, randomized, controlled study of 325 patients with heterozygous familial hypercholesterolemia (FH). Patients were randomized to treatment with atorvastatin 80 mg or simvastatin 40 mg. If patient's total cholesterol remained above 308 mg/dL (8 mmol/L), cholestyramine was added. Intent-to-treat analysis.²⁷

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