

The hypothesis of this double-blind, randomized trial is that lowering cholesterol levels would reduce the incidence of the endpoints. 3,806 out of 480,000 middle-aged males were included in the study. 1,906 participants were given cholestyramine, which is known to lower cholesterol levels, and the remaining participants were given placebos. Falls in cholesterol levels and endpoint incidences were observed. The author claimed that the reduction of cholesterol levels could result in a decrease in CHD-related risks.

Overall, I think it is a classic example of clinical trials that help people understand the mechanism of certain diseases. What impressed me most is that a numerous number of participants were screened and the observation window lasted for over 7 years. In the meantime, I am doubtful about the following aspects of the study: 1). Only middle-aged males were included, which raises issues of generalizability in this study. 2). With the considerable sample size, I feel that their one-sided tests lead to weak evidence. 3) The authors claimed that there is a 24% relative risk reduction in CHD deaths. However, comparing the CHD death rate of $30/1096=1.6\%$ in the treatment group to $38/1900=2.0\%$ in the control group, the absolute risk reduction (0.4%) is not quite significant.