ACC.14
TCT@ACC-i2 | innovation in intervention

A1449
JACC April 1, 2014
Volume 63, Issue 12

Prevention

EFFECTS OF LONGER-TERM TREATMENT WITH ANACETRAPIB ON SAFETY PARAMETERS, LIPIDS, AND PLASMA DRUG CONCENTRATIONS IN THE DEFINE TRIAL

Poster Contributions
Hall C
Monday, March 31, 2014, 9:45 a.m.-10:30 a.m.

Session Title: Prevention: Lipid Therapeutics and Subclinical Disease
Abstract Category: 20. Prevention: Clinical
Presentation Number: 1259-137

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Background: Anacetrapib is a cholesteryl ester transfer protein inhibitor that has previously been shown to be well tolerated, reduce low-density lipoprotein cholesterol (LDL-C) and raise high-density lipoprotein cholesterol (HDL-C) in patients with or at high risk for coronary heart disease in the DEFINE base study.

Methods: Patients who had been randomized to treatment with anacetrapib 100 mg/day or placebo in the 76-week base study continued on the same treatment during the 2-year extension study (n=803). Endpoints included lipid measures, safety variables, pre-specified adjudicated cardiovascular events, and plasma anacetrapib levels.

Results: In patients who entered the 2-year extension study, treatment with anacetrapib (n=370) during the 2-year extension was well tolerated with a safety profile similar to patients on placebo (n=433). No clinically important abnormalities in liver enzymes, blood pressure, electrolytes, and adverse experiences were observed during the extension. Anacetrapib reduced Friedewald-calculated LDL-C by 39.9% and increased HDL-C by 153.3%, compared to placebo. Geometric mean plasma concentrations of anacetrapib did not appear to increase beyond week 40 for patients in the 2-year extension of the DEFINE study. The apparent steady-state mean plasma trough anacetrapib concentration was ~640 nM.

Conclusion: During the 2-year extension study, treatment with anacetrapib was well tolerated with durable lipid-modifying effects on LDL-C and HDL-C.