Figure 1. Breakdown of First and Additional Types of Event

- Evolocumab prevented 290 1st PEP events (Hazard ratio [HR] 0.83, 0.78-0.89) and 382 additional recurrent events (Risk ratio [RR] 0.74, 0.66-0.83), for a total of 672 events prevented with EVO (RR 0.81, 0.74-0.87) (Fig 2A)
- The magnitude of benefit grew for later events: HR 0.83 → 0.76 → 0.71 → 0.60 (P-trend <0.001) (Fig 3)
- There were significant reductions in total MIs (RR 0.72, p<0.001), ischemic strokes (RR 0.78, p=0.007), & revascularizations (RR 0.78, p<0.001) (Fig 4)

Figure 3. Primary Endpoint Events using Wei, Lin, Weissfeld Model

- Over >5 yrs of follow-up in patients with ASCVD on statin therapy, earlier initiation of intensive LDL-C lowering with evolocumab significantly reduced both 1st & recurrent CV events, with more than double the number of total events prevented as compared with 1st events only
- These data support earlier and long-term use of evolocumab to prevent CV events