Long-Term Evolocumab in Elderly Patients With Established Atherosclerotic Cardiovascular Disease
An Analysis from FOURIER and FOURIER-OLE

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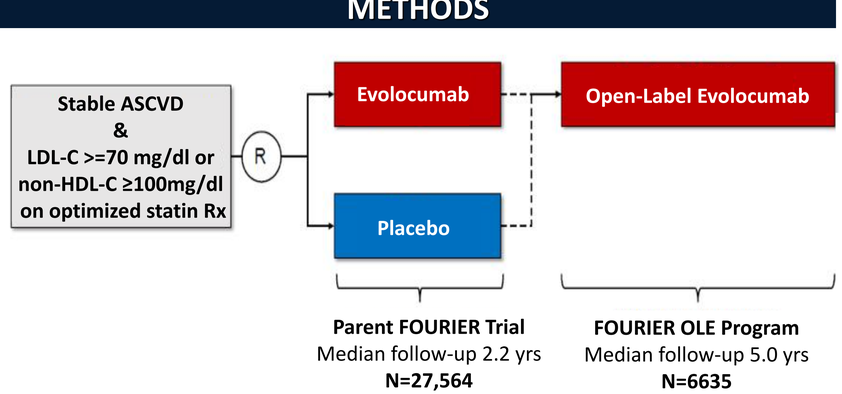
BACKGROUND

- Data are sparse on long-term benefits of PCSK9 inhibition in elderly pts.
- Concerns about relative efficacy and safety have led to weaker "class IIa" recommendations in US guidelines for intensive LDL-C lowering in patients older than 75 years (compared to Class I in younger patients). The recommendation is for moderate or high-intensity statins, with no specific recommendation for adding a non-statin

OBJECTIVE

- To assess the long-term efficacy and safety of evolocumab in patients >=75 years versus <75 years in the FOURIER trial and FOURIER open label extension (OLE)

METHODS



- Primary end point (PEP: CV death, MI, stroke, unstable angina, coronary revasc) and key secondary end point (SEP: CV death, MI, stroke) were compared based on original allocation to Evolocumab vs. Placebo stratified by age: <75 vs >=75yrs.
- Annualized incidence rates (IR) for key adverse safety events were compared in placebo patients in FOURIER, evolocumab patients during FOURIER, and evolocumab during FOURIER & FOURIER-OLE

RESULTS

Table 1: Baseline Characteristics by age

Characteristic	<75 years (N = 25038)	>=75 years (N = 2526)
Age (years)	62 (56 , 67)	77 (76 , 79)
Male	76	66
Prior myocardial infarction	82	76
Symptomatic PAD	13	15
Hypertension	80	85
Diabetes	37	35
Current Smoker	30	6
High intensity Statin use	70	60
LDL (mg/dL)	92 (79 , 109)	89 (79 , 104)

P value <.001 except for diabetes (p=0.24) . Data shown as Median (IQR) for continuous variables and N (%) for categorical variables

Figure 1: PEP and SEP during FOURIER & FOURIER OLE stratified by age

Fig 1A: Primary endpoint

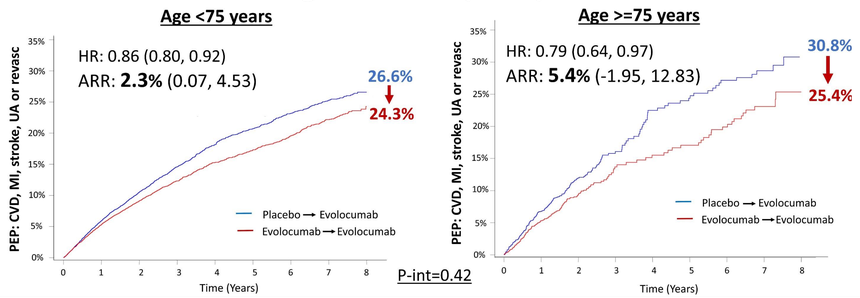
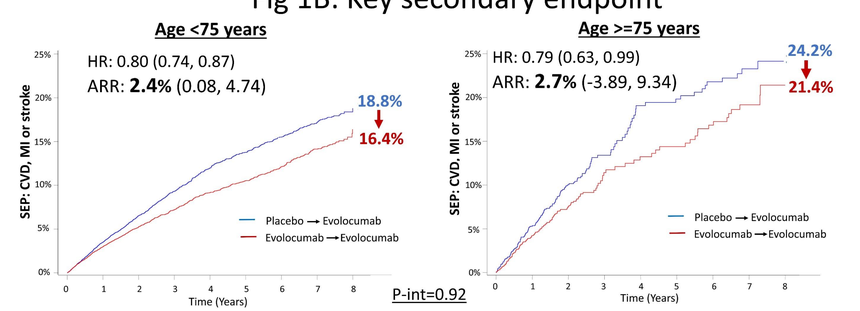
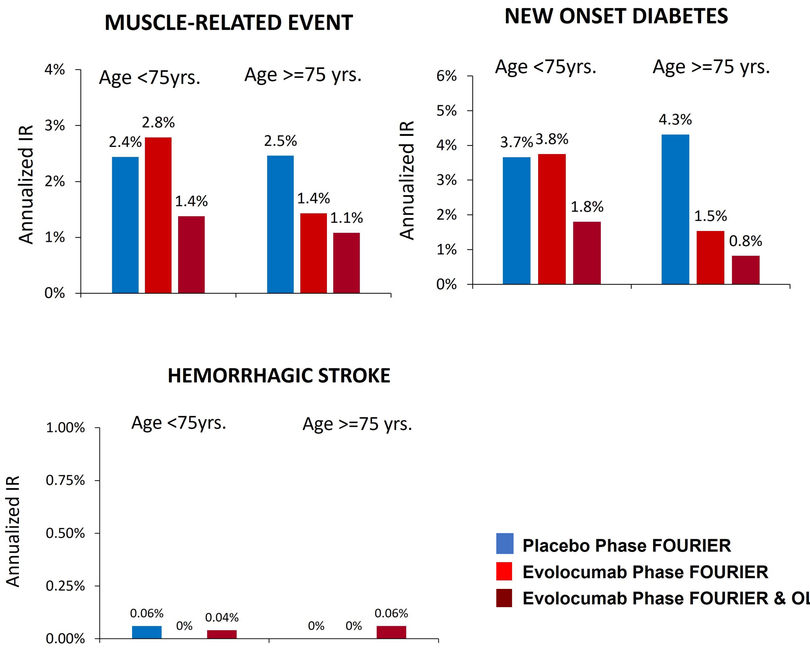


Fig 1B: Key secondary endpoint



RESULTS

Figure 2: Long-Term Safety during FOURIER & FOURIER OLE stratified by age



CONCLUSIONS

Elderly patients with ASCVD derive similar to greater CV benefit compared to younger patients with early initiation of Evolocumab up to 8.6 years with no significant safety concerns. These findings may be helpful in guiding future US recommendations.

DISCLOSURES

FOURIER and FOURIER-OLE studies were funded by research grants from Amgen Inc. SAS has no disclosures. The TIMI Study Group has received institutional grant support through the Brigham and Women's Hospital from: Abbott, Amgen, Anthos Therapeutics, ARCA Biopharma, AstraZeneca, Boehringer Ingelheim, Daiichi-Sankyo, Ionis, Merck, Novartis, Pfizer, Regeneron Pharmaceuticals, Roche, Saghmos Therapeutics, Siemens Healthcare Diagnostics, Softcell Medical Limited, Verve Therapeutics, and Zora Biosciences.