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Contact: Shari Leventhal: 202-416-0658, sleventhal@asn-online.org (before Nov. 8)
November 8: ASN Management Office, Pennsylvania Convention Center, Room 304, (215) 418-2061
Wednesday, Nov. 9–Sunday, Nov. 13: ASN Press Room, Pennsylvania Convention Center, Room 303B, (215) 418-2058 (Press Room), 202-236-8142 (after hours)

STATIN TREATMENT REDUCES CARDIOVASCULAR RISKS AFTER KIDNEY TRANSPLANT

Philadelphia, PA (November 3, 2005) — Treatment with cholesterol-lowering statin medications can lower the high risk of myocardial infarction ("heart attack") and other cardiovascular events in kidney transplant recipients, according to a paper presented at the American Society of Nephrology's 38th Annual Meeting and Scientific Exposition in Philadelphia.

Led by Dr. Hallvard Holdaas of National Hospital in Oslo, Norway, the researchers analyzed the effects of treatment with the cholesterol-lowering drug fluvastatin in 2,102 kidney transplant recipients. One group of patients received fluvastatin for up to eight years, while another group received an inactive placebo. All patients had good long-term functioning of the transplanted kidney.

Fluvastatin was highly effective in reducing the patients' level of low-density lipoprotein (LDL) cholesterol—so-called "bad" cholesterol. The average LDL cholesterol level decreased from 159 milligrams per deciliter (mg/dL) before the study to 98 mg/dL afterward. This represented a fall from the "borderline-high" range (130 to 159 mg/dL) to the "optimal" level of less than 100 mg/dL.

The reductions in LDL were associated with a decreased risk of myocardial infarction and other major cardiovascular events. The overall rate of such events was reduced by 21 percent in patients taking fluvastatin. The combined risk of death from cardiac causes and nonfatal myocardial infarction decreased by 29 percent, compared with placebo.

The overall risk of death from all causes was no different for patients treated with fluvastatin vs placebo. The two groups also had similar rates of long-term survival of the transplanted kidney.

“As patients continue to live longer after kidney transplantation, there is an increased need to prevent some of the long-term complications that can develop. One major risk is premature cardiovascular disease, related to high cholesterol levels developing after transplantation,” said Holdaas.

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Fluvastatin is one of the HMG-CoA inhibitor drugs—commonly called "statins"—which are widely used to reduce high cholesterol levels. Statins have been shown to reduce cardiovascular risk in many groups of patients.

The new study finds statins effective in lowering cholesterol and cardiovascular risks in yet another high-risk group: kidney transplant recipients. The magnitude of the protective effect—over a 20 percent reduction in the overall risk of major cardiovascular events—is similar to that noted in other groups of patients taking statins. Fluvastatin is a safe and effective treatment for kidney transplant recipients, Dr. Holdaas and colleagues conclude.

The study abstract, “Long Term Cardiac Outcomes in Renal Transplant Recipients Receiving Fluvastatin: The ALERT Extension Study,” (F-FC155) will be presented during a Free Communications session on the topic of “Novel Developments in Clinical Hypertension” on Friday, November 11 at 4:10 pm in Room 109 of the Pennsylvania Convention Center.

The ASN is a not-for-profit organization of 9,000 physicians and scientists dedicated to the study of nephrology and committed to providing a forum for the promulgation of information regarding the latest research and clinical findings on kidney diseases. ASN’s Renal Week 2005, the largest nephrology meeting of its kind, will provide a forum for more than 12,000 nephrologists to discuss the latest findings in renal research and engage in educational sessions relating advances in the care of patients with kidney and related disorders from November 8-13 at the Pennsylvania Convention Center in Philadelphia, PA.

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