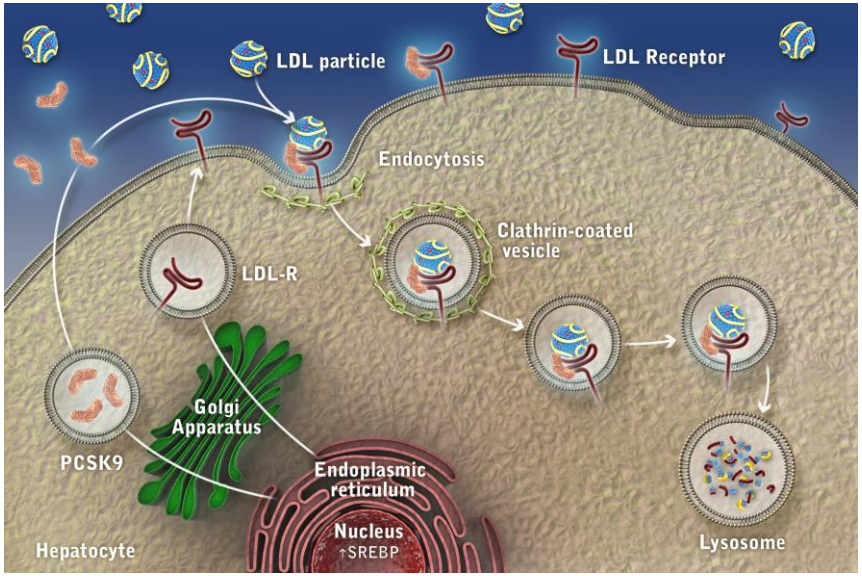
Lo mejor del año en 10 minutos:

Lípidos



Jacinto Fernández Pardo

Hospital General Universitario Reina Sofía de Murcia

XI Reunión de Riesgo Vascular

Madrid, 24 de abril de 2015

SPECIAL COMMUNICATION

Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III)

Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults

THE THIRD REPORT OF THE EXPERT PANEL ON DETECTION, EVALUATION, AND TREATMENT OF HIGH BLOOD CHOLESTEROL IN ADULTS (ADULT TREATMENT PANEL III, OR ATP III) CONSTITUTES THE NATIONAL CHOLESTEROL EDUCATION PROGRAM'S (NCEP'S) UPDATED CLINICAL GUIDELINES FOR CHOLESTEROL TESTING AND MANAGEMENT. THE FULL ATP III DOCUMENT IS AN EVIDENCE-BASED AND EXTENSIVELY REFERENCED REPORT THAT PROVIDES THE SCIENTIFIC RATIONALE FOR THE RECOMMENDATIONS CONTAINED IN THE EXECUTIVE SUMMARY. ATP III BUILDS ON PREVIOUS ATP REPORTS AND EXPANDS INTENSIVE CHOLESTEROL IN CLINICAL PRACTICE THAT THESE GUIDELINES FORM, NOT REPLACE CLINICAL JUDGMENT, WHICH MUST DETERMINE THE APPROPRIATENESS FOR EACH INDIVIDUAL.

BACKGROUND

The third ATP report existing recommendations management of cholesterol. The NCEP reduces ATP clinical ranted by advances in cholesterol management guideline report

See also p 250

2486 JAMA, May

has a major thrust. ATP I outlined a strategy for primary prevention of coronary heart disease (CHD) in persons with high levels of low-density lipoprotein (LDL) cholesterol (≥160 mg/dL) or those with borderline high LDL cholesterol (130-159 mg/dL) and multiple (2+) risk factors. ATP II affirmed the importance of this approach and added a new feature: the intensive management of LDL cholesterol in persons with established CHD. For patients with CHD, ATP II set a lower LDL cholesterol goal of ≤1 dL. ATP III adds a call for sive LDL-lowering therapy groups of people, in cent clinical trial

ogy, and genetic forms of hypercholesterolemia indicate that elevated LDL cholesterol is a major cause of CHD. In addition, recent clinical trials robustly show that LDL-lowering therapy reduces risk for these reasons, ATP III evated LDL target

National Cholesterol Education Program

ATP III Guidelines Quick Desk Refere

Step 1 Determine lipoprotein levels-obta 9- to 12-hour fast.

ATP III Classification of LDL, Total, and

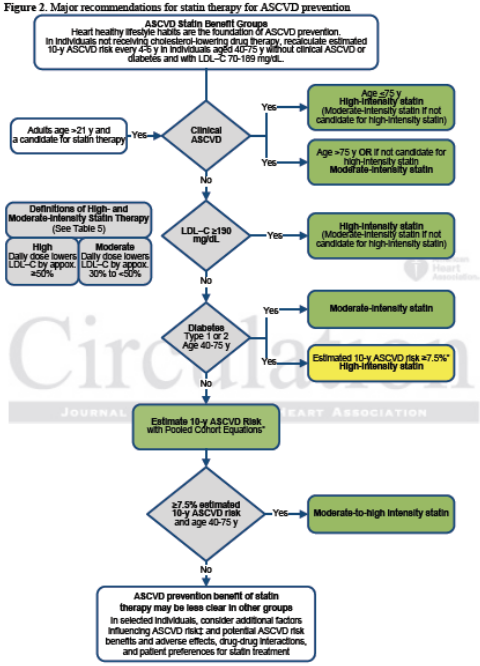
LDL Cholesterol – Primary Target of Therap

<100 Optimal
100-129 Near opt
130-159 Borderli
160-189 High
≥190 Very hig

Total Cholesterol
<200 Desirable
Borderli
High

Stone NJ, et al.
2013 ACC/AHA Blood Cholesterol Guideline

Figure 2. Major recommendations for statin therapy for ASCVD prevention



Page 15

NHS
National Institute for Health and Clinical Excellence

Quick reference guide

Issue date: May 2008 (reissued March 2010)

Lipid modification

Cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease

NICE clinical guideline 67
Developed by the National Collaborating Centre for Primary Care

Adult Treatment

ESSENTIAL MESSAGES FROM ESC GUIDELINES

Committee for Practice Guidelines
To improve the quality of clinical practice and patient care in Europe

EUROPEAN SOCIETY OF CARDIOLOGY

DYSLIPIDAEMIAS

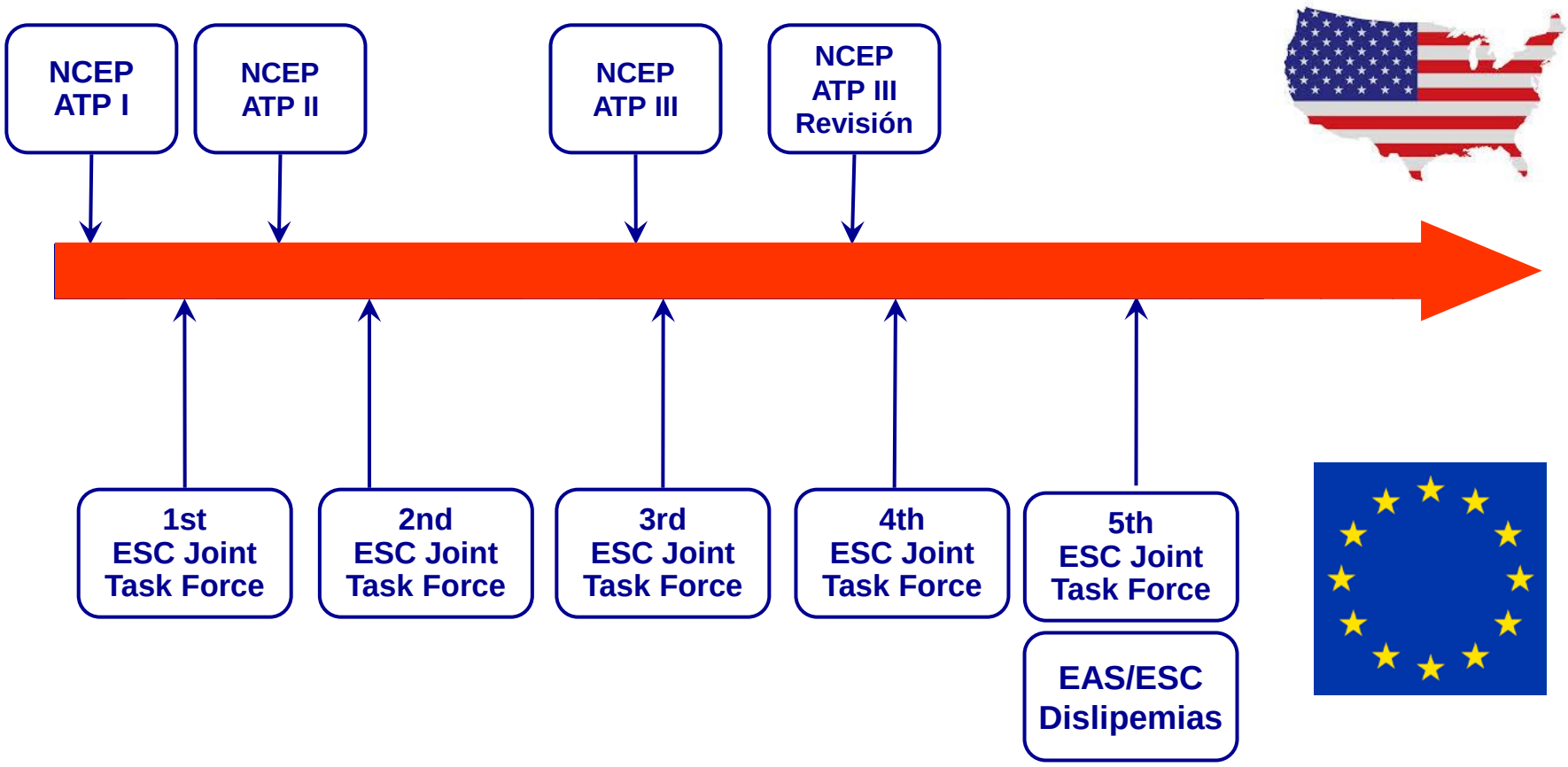
ESC/EAS GUIDELINES
FOR THE MANAGEMENT OF DYSLIPIDAEMIAS

For more information
www.escardio.org/guidelines

Treatment

- 10-year CHD Risk Calculator
- Other Cholesterol-Related Information

Evolución temporal de las guías



ATP=Adult Treatment Panel. ESC= European Society of Cardiology. JBS= Joint British Societies

c-LDL

Objetivos terapéuticos c-LDL

Pacientes	Objetivo c-LDL	Clase	Nivel
Pacientes con riesgo "muy alto"	< 70 mg/dL (<1,8 mmol/l) y/o reducción del c-LDL > 50% cuando no pueda alcanzarse el objetivo	I	A[1,2,3]
Pacientes con riesgo "alto"	< 100 mg/dL (<2,5 mmol/l)	IIa	A[1,4,5]
Pacientes de riesgo "moderado"	< 115 mg/dL (< 3 mmol/l)	IIa	C

1. **Cholesterol Treatment Trialists' (CTT) Collaboration. Efficacy and in End Points Through Aggressive Lipid Lowering (IDEAL) Study Group. High dose atorvastatin vs usual-dose simvastatin for secondary prevention after myocardial infarction: the IDEAL study: a randomized controlled trial.** JAMA. 2005; 294:2437-45.
2. LaRosa JC, Grundy SM, Waters DD, et al; **Treating to New Targets (TNT) Investigators. Intensive lipid lowering with atorvastatin in patients with stable coronary disease.** N Engl J Med. 2005; 352:1425-35.
3. Brugts JJ, Yetgin T, Hoeks SE, et al. **The benefits of statins in people without established cardiovascular disease but with cardiovascular risk factors: meta-analysis of randomised controlled trials.** BMJ. 2009; 338:b2376.
4. Mills EJ, Rachlis B, Wu P, Devereaux PJ, Arora P, Perri D. **Primary prevention of cardiovascular mortality and events with statin treatments. A network metaanálisis involving more than 65,000 patients.** J Am Coll Cardiol. 2008; 52:1769-81. **safety of more intensive lowering of LDL cholesterol: a meta-analysis of data from 170 000 participants in 26 randomised trials.** Lancet. 2010; 376:1670-81.
5. Pedersen TR, Faergeman O, Kastelein JJ, et al; **Incremental Decrease**

Circulation
JOURNAL OF THE AMERICAN HEART ASSOCIATION

2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines

Neil J. Stone, Jennifer Robinson, Alice H. Lichtenstein, C. Noel Bairey Merz, Conrad B. Blum, Robert H. Eckel, Anne C. Goldberg, David Gordon, Daniel Levy, Donald M. Lloyd-Jones, Patrick McBride, J. Sanford Schwartz, Susan T. Shero, Sidney C. Smith, Jr, Karol Watson and Peter W.F. Wilson

Circulation. published online November 12, 2013;
Circulation is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231

Print ISSN: 0009-7322. Online ISSN: 1524-4539

Circulation
JOURNAL OF THE AMERICAN HEART ASSOCIATION

2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines

~~c-LDL~~

ESTATINAS

http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a.citation

Circulation
JOURNAL OF THE AMERICAN HEART ASSOCIATION

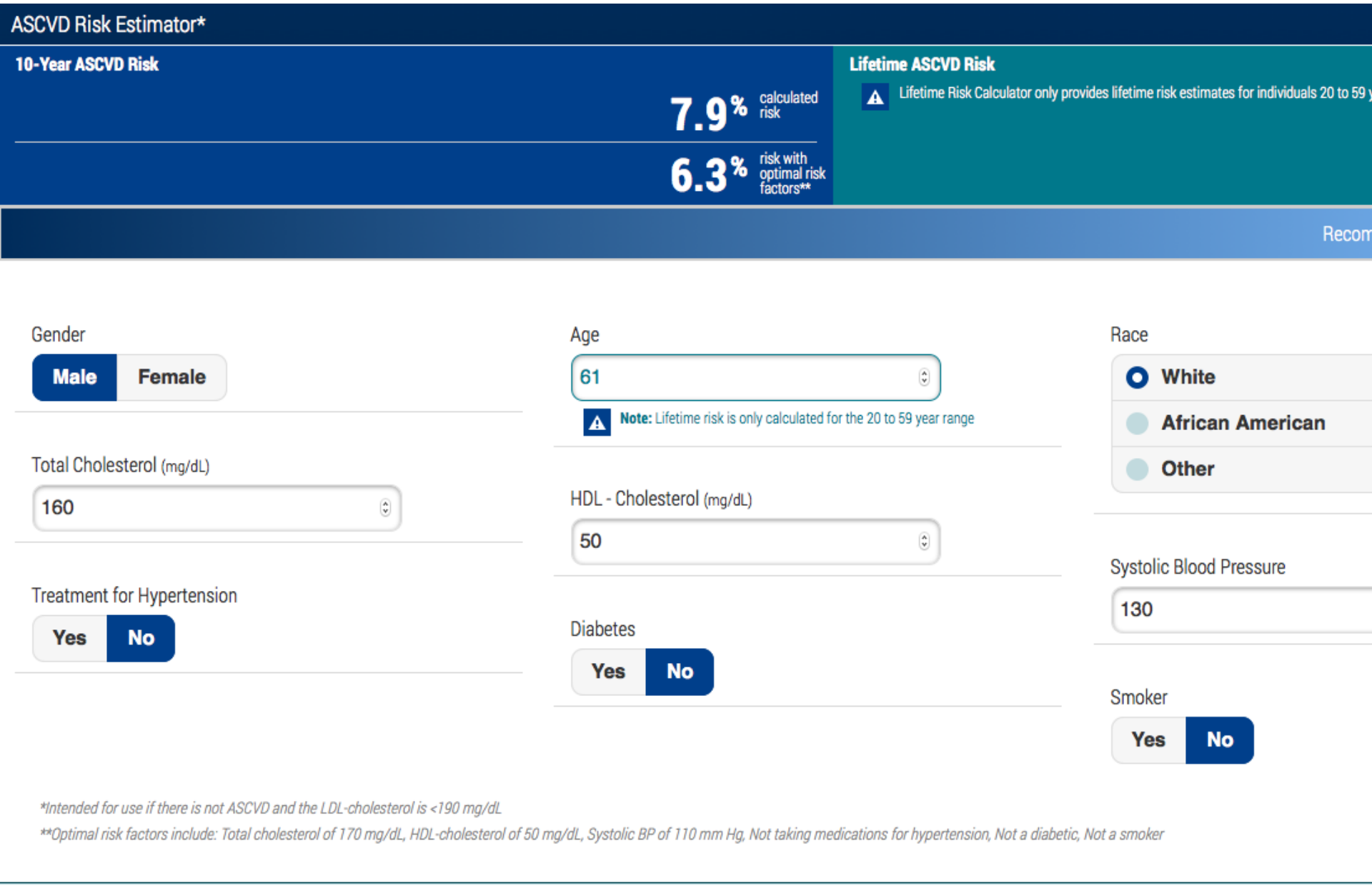
American Heart Association

2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines

4 Grupos de tratamiento

Pacientes >21 a. con	Subgrupo	Trat. Estatínico
1. Enf. Cardiovascular	≤ 75 años > 75 años	Alta potencia Moderada potencia
2. cLDL ≥ 190 mg/dL		Alta potencia
3. 40-75 años DM 1 ó 2	RCV ≥7,5% RCV <7,5%	Alta potencia Moderada potencia
4. 40-75 años RCV≥7,5%		Moderada/alta potencia

http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a.citation

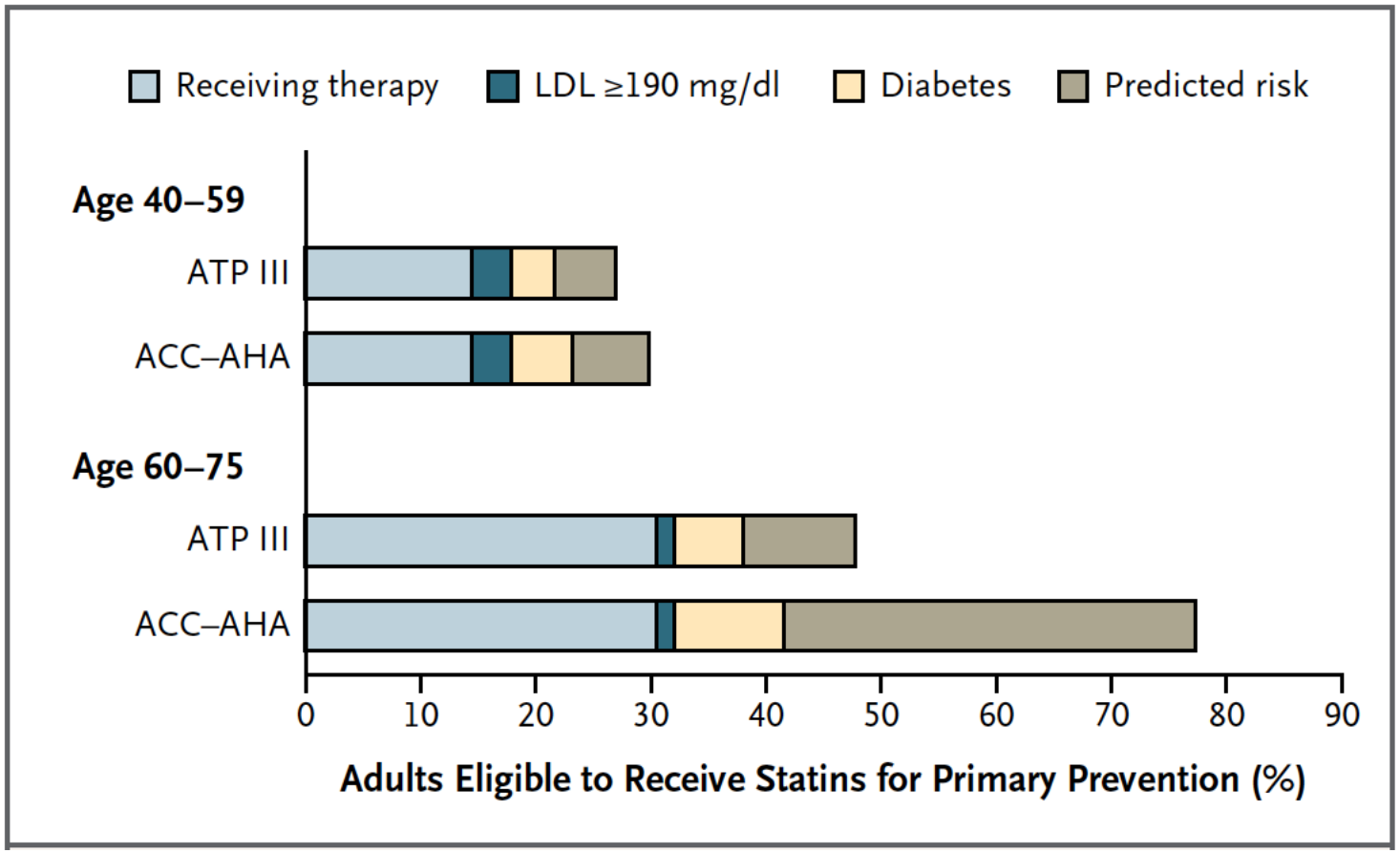


Colesterol LDL= 80 mg/dL; TG= 150 mg/dL

http://tools.cardiosource.org/ASCVD-Risk-Estimator/

Percent of U.S. Adults Who Would Be Eligible for Statin Therapy for Primary Prevention

According to Set of Guidelines and Age Group



Pencina MJ, et al. N Engl J Med 2014; 370:1422-1431. DOI: 10.1056/NEJMoa1315665

NICE National Institute for Health and Care Excellence

Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease

Issued: July 2014 last modified: September 2014

NICE clinical guideline 181

guidance.nice.org.uk/cg181

http://www.nice.org.uk/guidance/cg181

NICE guidelines [CG181]
Lipid modification

Prevención 1ª:

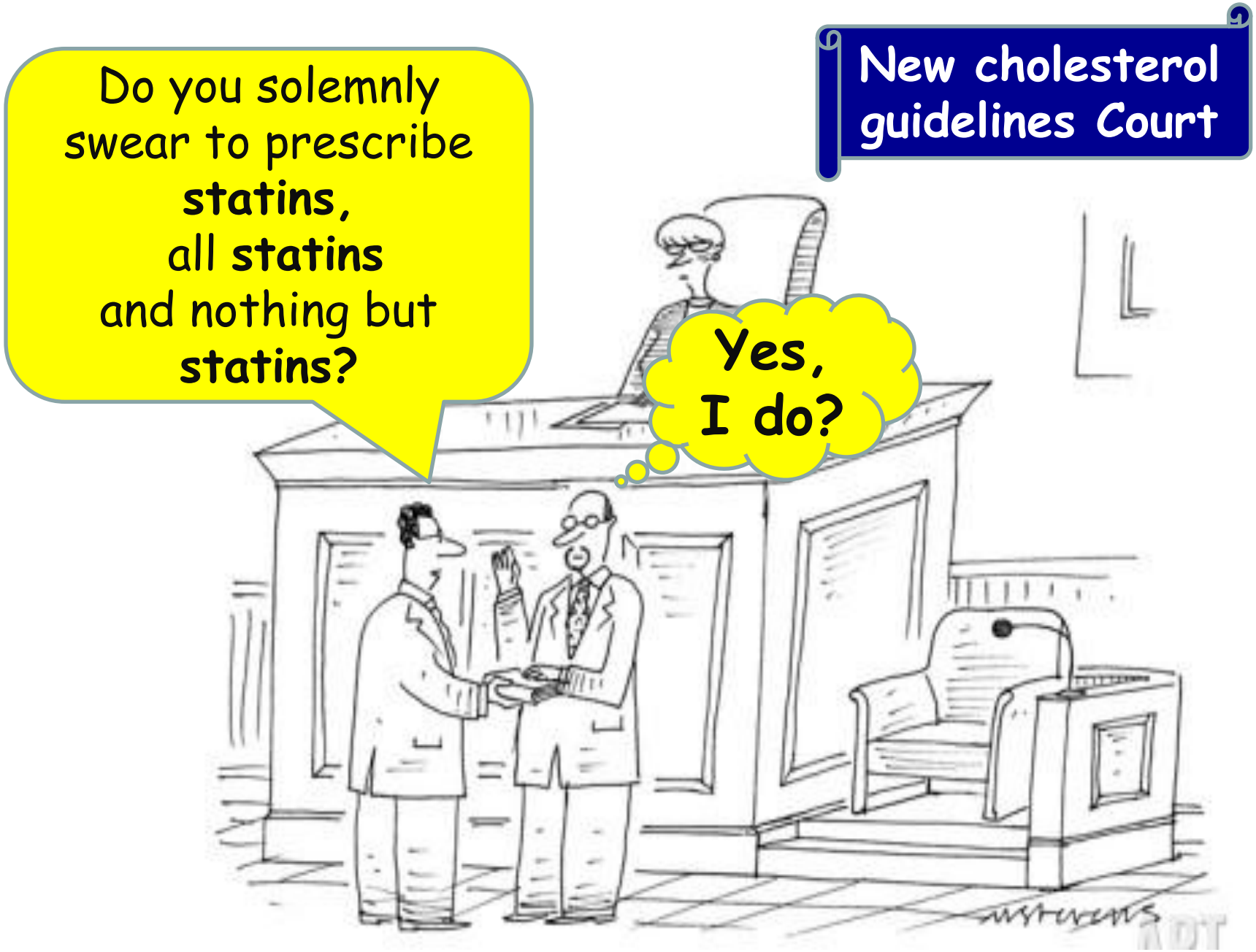
Ofrecer Atorvastatina 20mg/día a pacientes con RCV >10% a 10 años (QRISK2)

Prevención 2ª:

Iniciar Atorvastatina 80mg/día a pacientes con ECV, considerando una menor dosis en caso de interacciones, riesgo de efectos adversos muy alto y preferencia del paciente

NICE National Institute for Health and Care Excellence

http://www.nice.org.uk/guidance/cg181


New cholesterol guidelines Court
Do you solemnly swear to prescribe **statins**, all **statins** and nothing but **statins?**
Yes, I do?

American Heart Association®

SCIENCE FROM SCIENTIFIC SESSIONS 2014

IMPROVE-IT Trial: A Comparison of Ezetimibe/Simvastatin versus Simvastatin Monotherapy on Cardiovascular Outcomes After Acute Coronary Syndromes

Christopher P Cannon | Brigham and Women's Hospital Boston, MA

Presentation Slides (PDF) | Summary Slide (PDF) | Abstract (PDF) | Discussant Slides (PDF) | News Release | Video Interview (opens in a new window) | Video Round-Table (opens in a new window)

http://my.americanheart.org/professional/Sessions/ScientificSessions/ScienceNews/SS14-Late-Breaking-Clinical-Trials_UCM_468855_Article.jsp

Study Design

IMPROVE-IT

Patients stabilized post ACS ≤ 10 days:
LDL-C 50–125*mg/dL (or 50–100**mg/dL if prior lipid-lowering Rx)

*3.2mM
**2.6mM

N=18,144

Standard Medical & Interventional Therapy

Simvastatin 40 mg

Uptitrated to Simva 80 mg if LDL-C > 79 (adapted per FDA label 2011)

Ezetimibe / Simvastatin 10 / 40 mg

Follow-up Visit Day 30, every 4 months

90% power to detect ~9% difference

Duration: Minimum 2 ½-year follow-up **(at least 5250 events)**

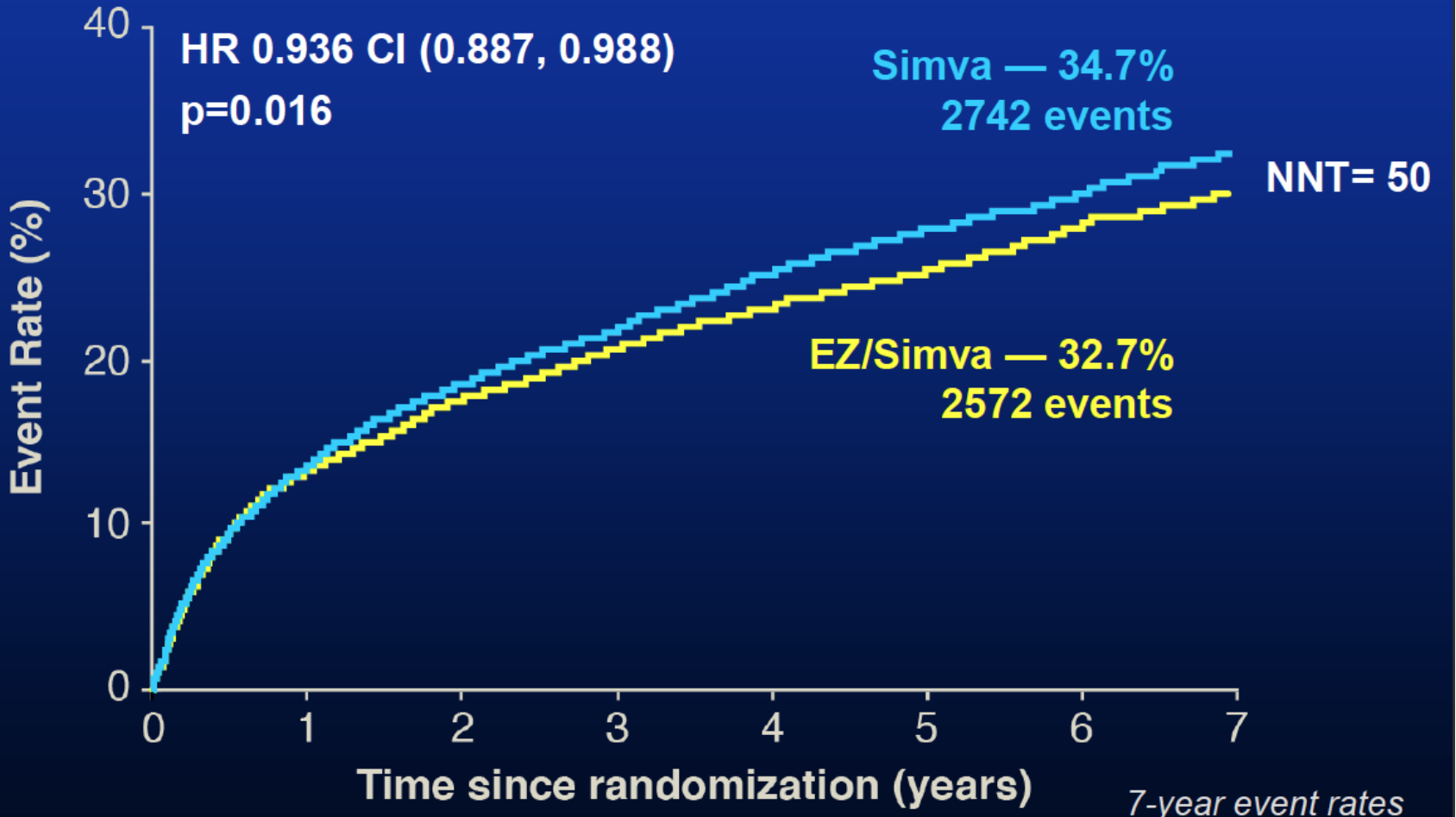
Primary Endpoint: CV death, MI, hospital admission for UA, coronary revascularization (≥ 30 days after randomization), or stroke

Cannon CP AHJ 2008;156:826-32; Califf RM NEJM 2009;361:712-7; Blazing MA AHJ 2014;168:205-12

Primary Endpoint — ITT

IMPROVE-IT

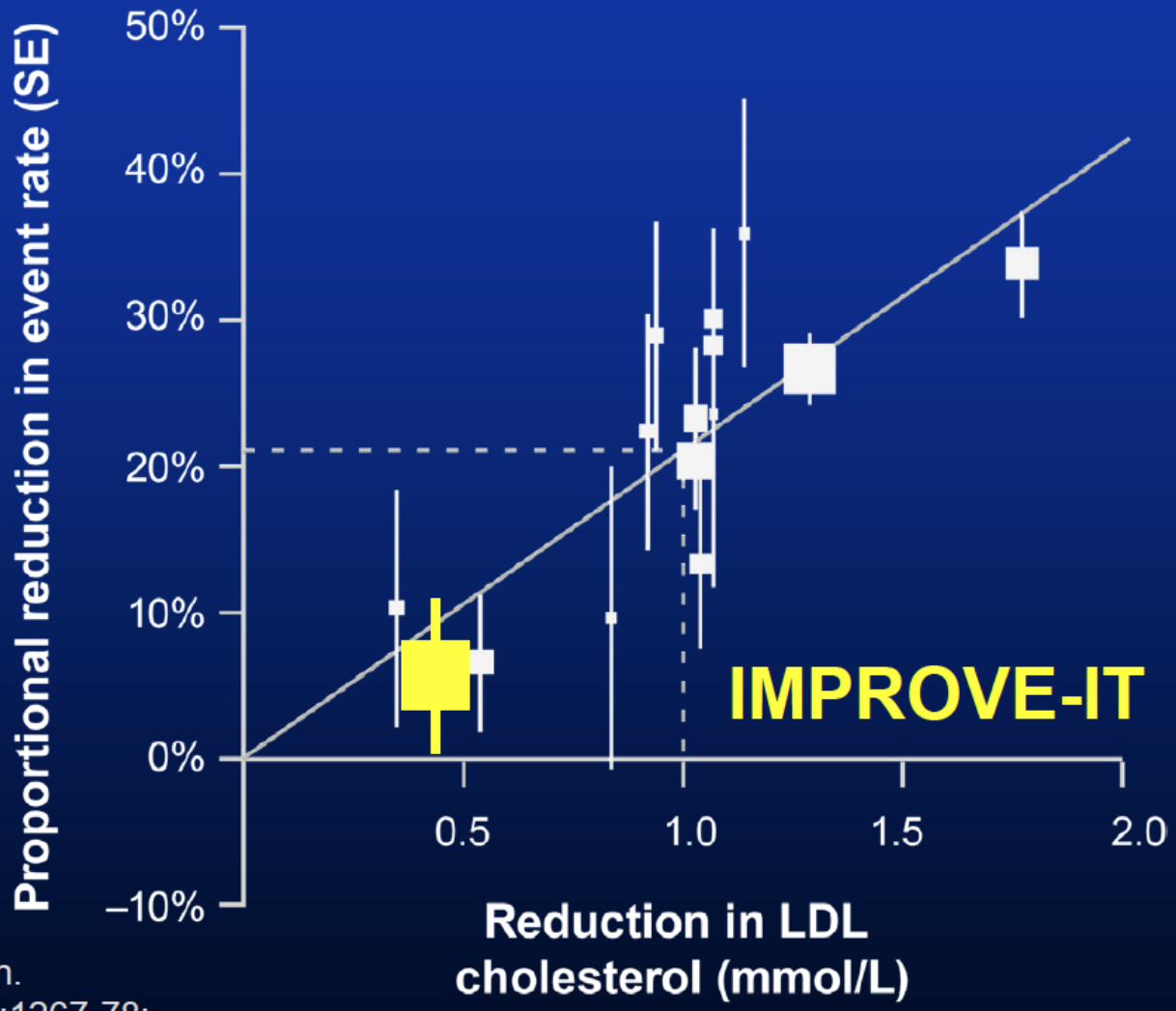
Cardiovascular death, MI, documented unstable angina requiring rehospitalization, coronary revascularization (≥30 days), or stroke



7-year event rates

http://my.americanheart.org/professional/Sessions/ScientificSessions/ScienceNews/SS14-Late-Breaking-Clinical-Trials_UCM_468855_Article.jsp

IMPROVE-IT vs. CTT: Ezetimibe vs. Statin Benefit



CTT Collaboration.
Lancet 2005; 366:1267-78;
Lancet 2010;376:1670-81.

http://my.americanheart.org/professional/Sessions/ScientificSessions/ScienceNews/SS14-Late-Breaking-Clinical-Trials_UCM_468855_Article.jsp

ACC.15
TCT@ACC-i2 | Innovation in Intervention
64th Annual Scientific Session & Expo

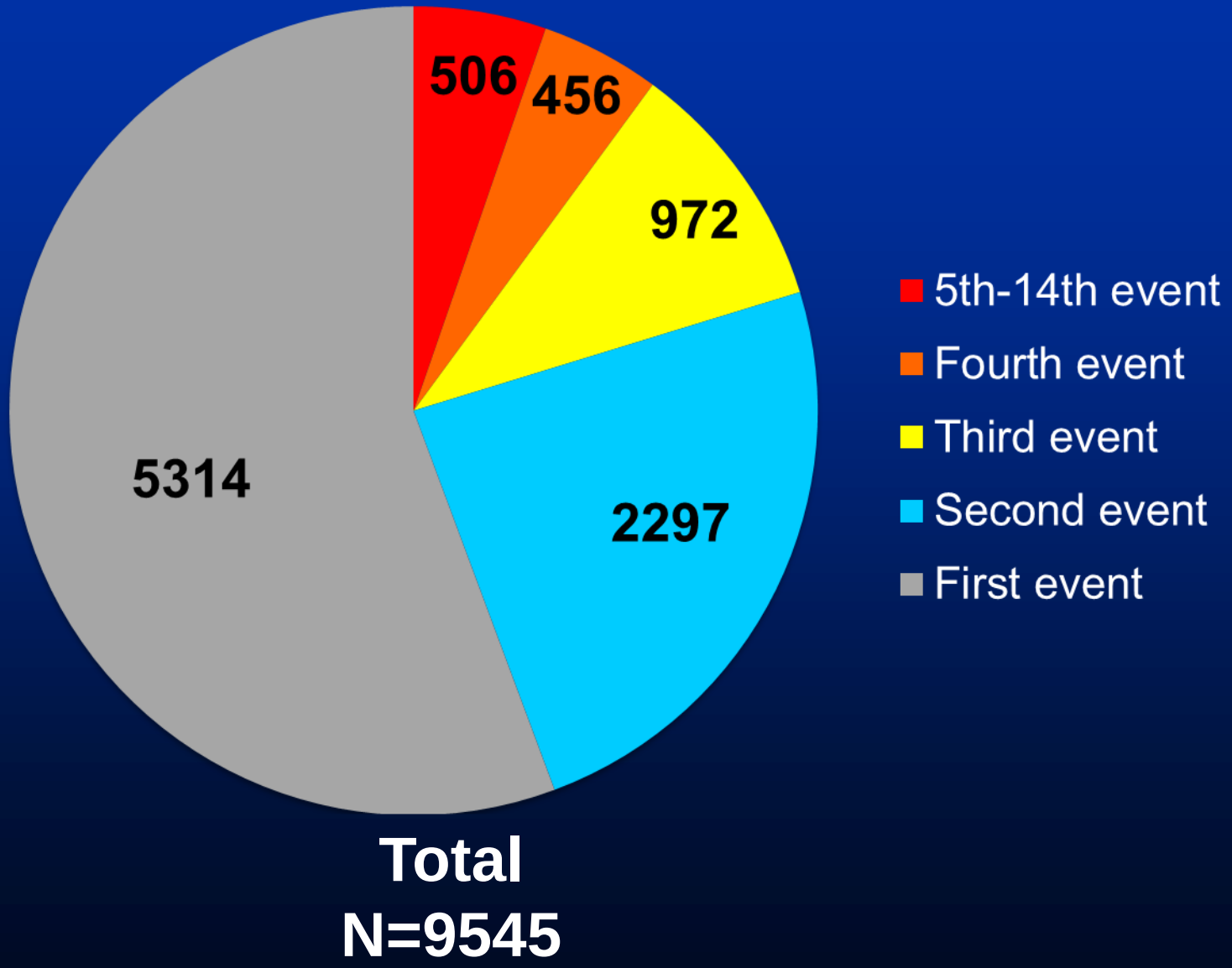
IMPROVE-IT

Reduction in Total (First and Recurrent) Cardiovascular Events with Ezetimibe/Simvastatin compared with Simvastatin Alone post ACS in the IMPROVE-IT Trial

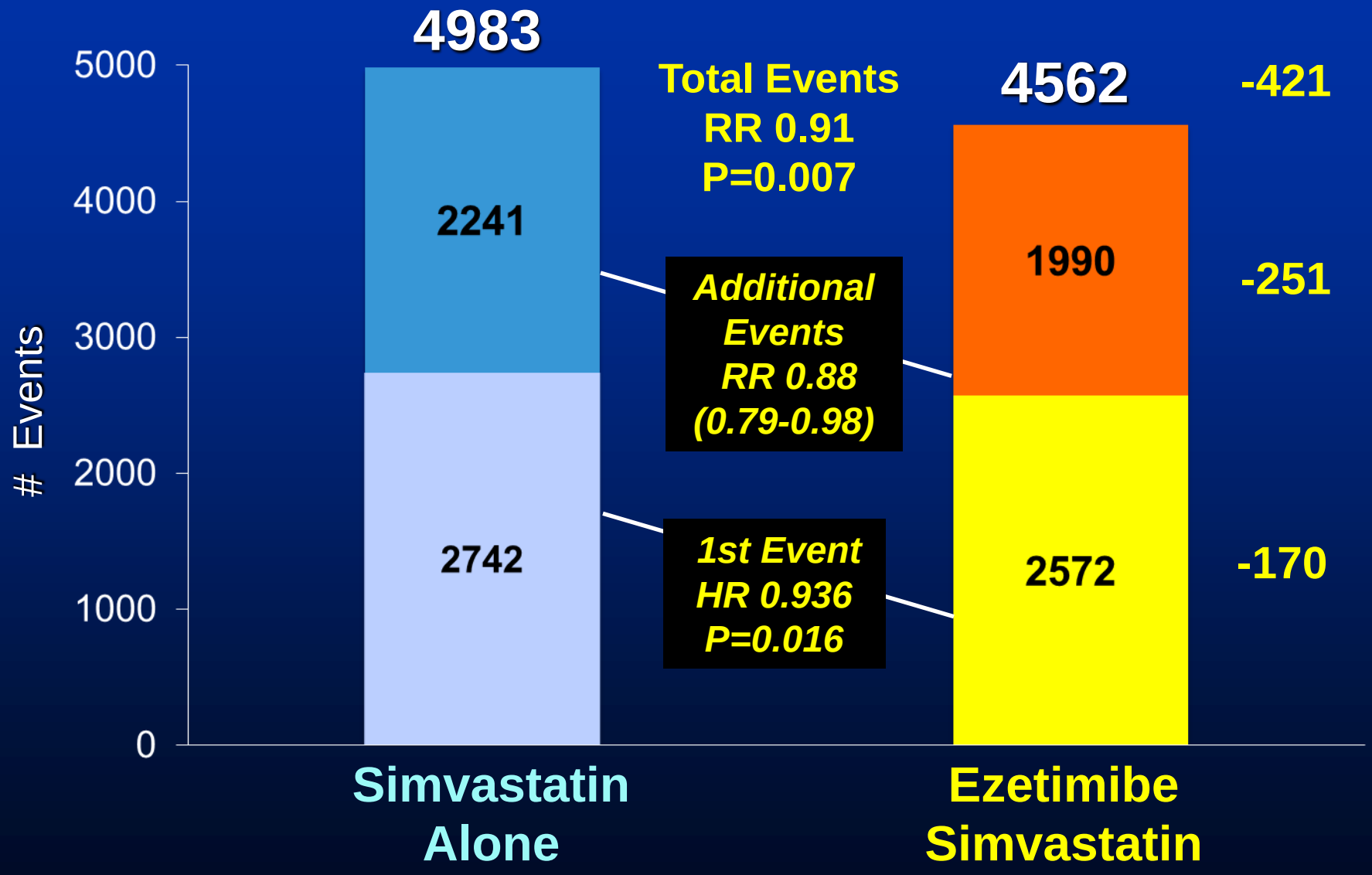
Sabina A. Murphy, Christopher Cannon, Robert Giugliano, Michael Blazing, Thomas Musliner, Andrew Tershakovec, Jennifer White, Kelly Im, Naveen Deenadayalu, Haral Darius, Witold Ruzyllo, Andrew Tonkin, Uma Kher, Robert Califf, Eugene Braunwald

On behalf of the IMPROVE IT Investigators

Total Primary Endpoint Events

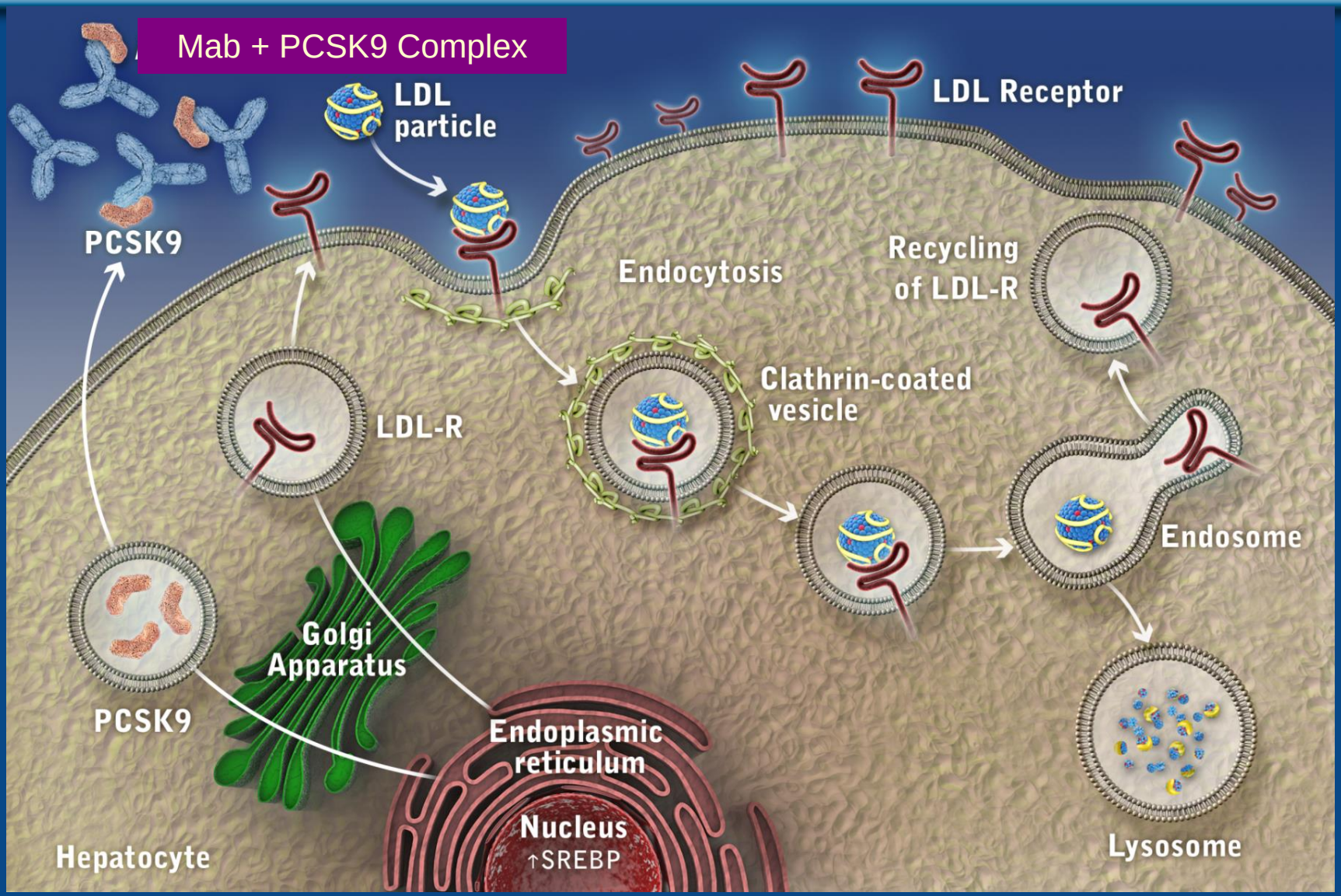


Total Primary Endpoint Events




Future

Impact of Monoclonal Antibodies on LDL Receptor Expression



PCSK9 Inhibitors in Development

Investigational Product	Company	Stage of Development
Monoclonal antibodies		
Alirocumab (SAR236553, REGN727)	Sanofi (Regeneron)	Phase III
Evolocumab (AMG 145)	Amgen	Phase III
Bococizumab (PF-0490615, RN316)	Pfizer (Rinat)	Phase III
LY3015014	Lilly	Phase II
Other PCSK9 biologics		
ALN-PCS (siRNA)	Alnylam, The Medicines Comp	Phase I

Stein et al Annu Rev Med. 2014; 65: 417-431

American Heart Association®

SCIENCE FROM SCIENTIFIC SESSIONS 2014

Efficacy and Safety of Combining Alirocumab With Atorvastatin or Rosuvastatin versus Statin Intensification or Adding Ezetimibe in High Cardiovascular Risk Patients: ODYSSEY OPTIONS I and II

Harold Bays | Louisville Metabolic and Atherosclerosis Research Center, Louisville, KY

Presentation Slides (PDF) | Abstract (PDF)

ODYSSEY HIGH FH: Efficacy and Safety of Alirocumab in Patients With Severe Heterozygous Familial Hypercholesterolemia

Henry N Ginsberg | Columbia University College of Physicians and Surgeons, New York, NY

Presentation Slides (PDF) | Abstract (PDF)

Efficacy and Safety of Alirocumab in High Cardiovascular Risk Patients With Suboptimally Controlled Hypercholesterolemia on Maximally Tolerated Doses of Statins: The ODYSSEY COMBO I Study

Dean J Kereiakes | The Christ Hospital Heart and Vascular Center/The Lindner Research Center, Cincinnati, OH

Presentation Slides (PDF) | Abstract (PDF)

Long-term Safety, Tolerability and Efficacy of Alirocumab versus Placebo in 2,341 High Cardiovascular Risk Patients: ODYSSEY LONG TERM

Jennifer G Robinson | University of Iowa, Iowa City, IA

Presentation Slides (PDF) | Abstract (PDF)

http://my.americanheart.org/professional/Sessions/ScientificSessions/ScienceNews/SS14-Clinical-Science-Special-Reports_UCM_468860_Article.jsp

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

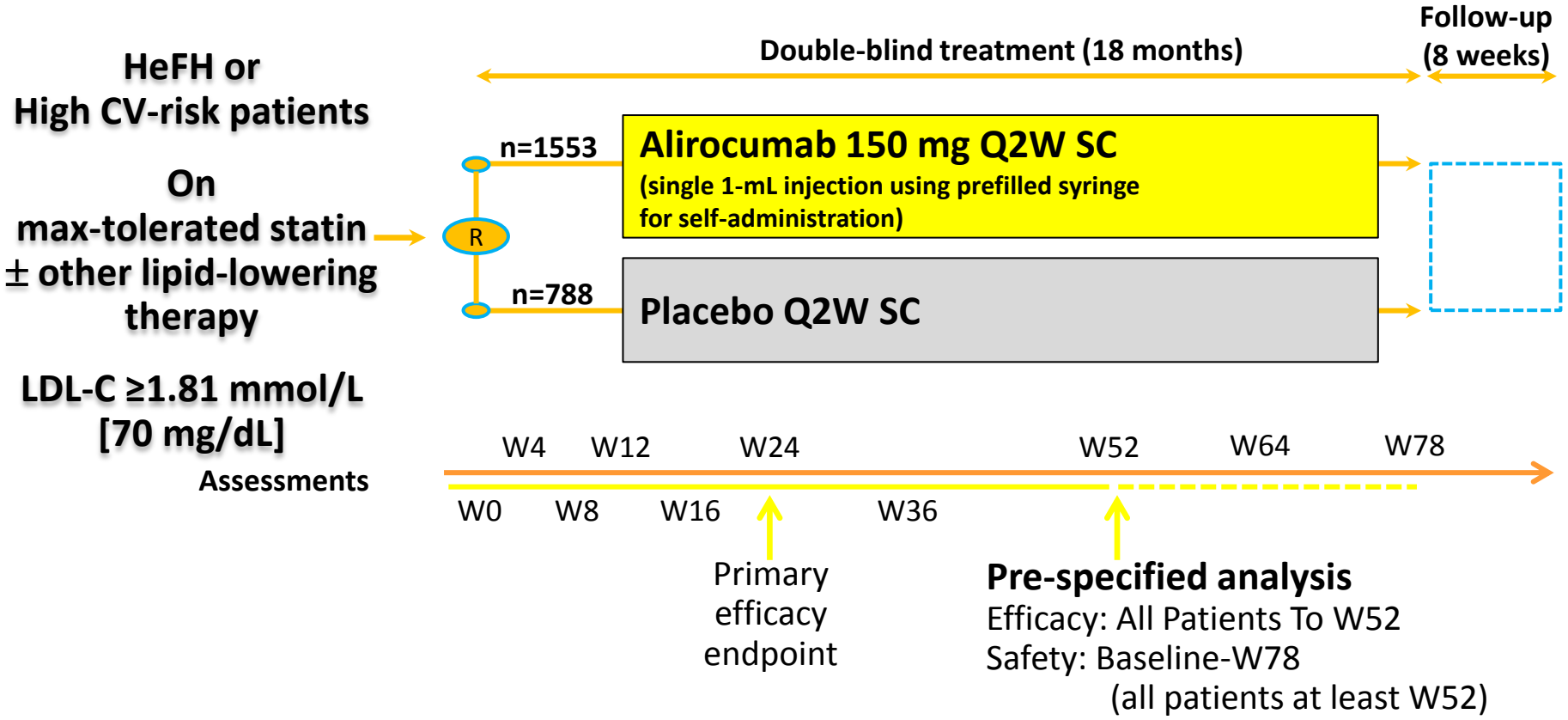
Efficacy and Safety of Alirocumab in Reducing Lipids and Cardiovascular Events

Jennifer G. Robinson, M.D., M.P.H., Michel Farnier, M.D., Ph.D., Michel Krempf, M.D., Jean Bergeron, M.D., Gérald Luc, M.D., Maurizio Averna, M.D., Erik S. Stroes, M.D., Ph.D., Gisle Langslet, M.D., Frederick J. Raal, M.D., Ph.D., Mahfouz El Shahawy, M.D., Michael J. Koren, M.D., Norman E. Lepor, M.D., Christelle Lorenzato, M.Sc., Robert Pordy, M.D., Umesh Chaudhari, M.D., and John J.P. Kastelein, M.D., Ph.D., for the ODYSSEY LONG TERM Investigators*

This article was published on March 15, 2015, at NEJM.org.

DOI: 10.1056/NEJMoa1501031

ODYSSEY LONG TERM
Study Design



86% (2011/2341) completed 52 weeks (both treatment arms)
26.1% (405/1553 alirocumab) and 25.6% (202/788 placebo) had completed 78 weeks by time of this analysis
Mean treatment duration: 65 weeks (both treatment arms)

J. Robinson et al., *N Engl J Med* 2015 March 15; Epub ahead of print: Suppl. Appendix

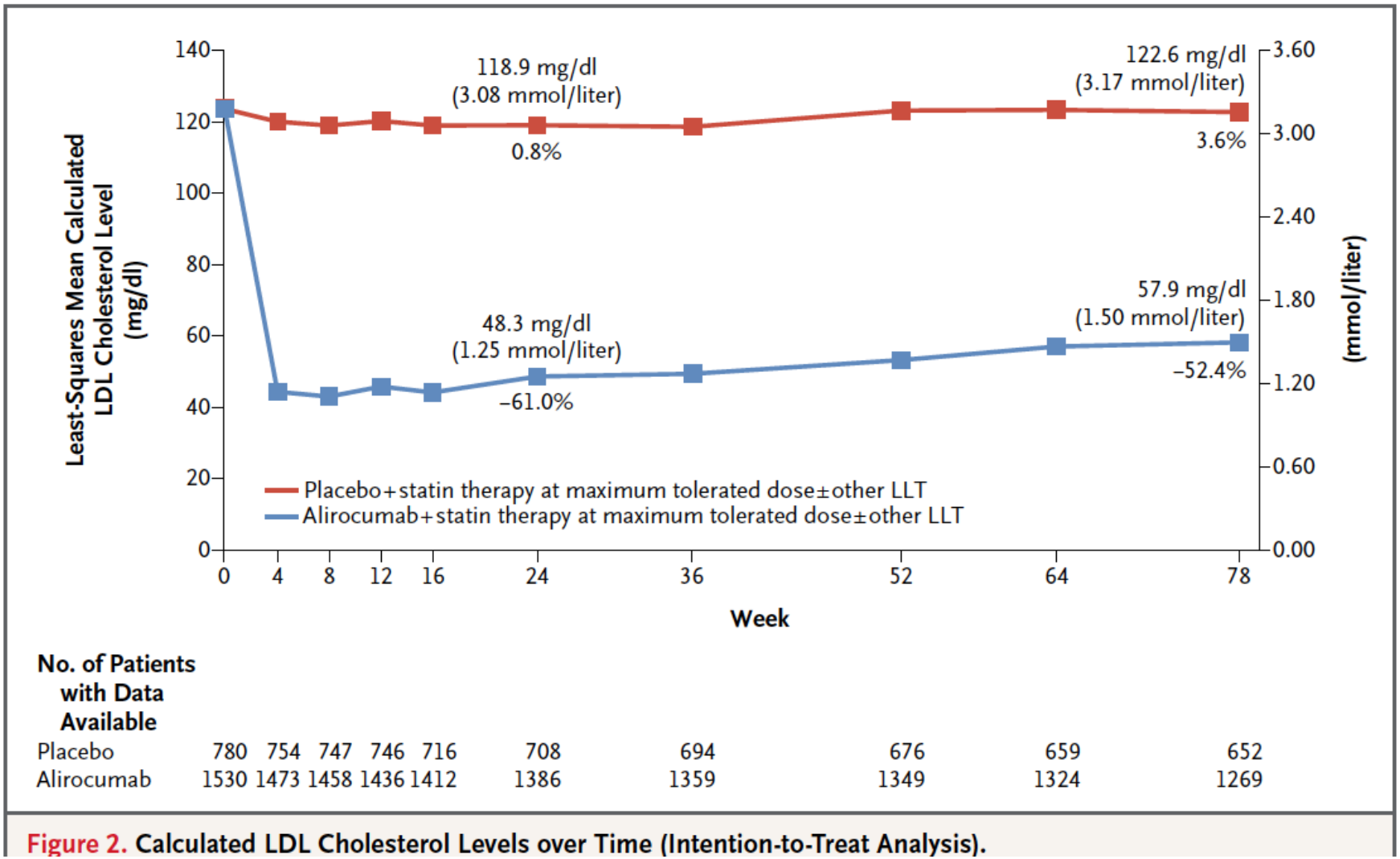


Figure 2. Calculated LDL Cholesterol Levels over Time (Intention-to-Treat Analysis).

J. Robinson et al., *N Engl J Med* 2015 March 15; Epub ahead of print

TEAEs Comparable in Patients With 2 Consecutive LDL-C < 0.65 mmol/L (25 mg/dL)

% (n) of patients All pts on background of maximal statin therapy ± other lipid-lowering therapy	**Alirocumab (n=1550)**	**Alirocumab with 2 consecutive LDL-C <25 mg/dL (n=562, 37%)**	**Placebo (n=788)**
Infections + infestations	**48.3%** (748)	**42.3%** (243)	**48.6%** (383)
Musculoskeletal + connective tissue disorders	**30.1%** (467)	**26.1%** (150)	**30.7%** (242)
Gastrointestinal disorders	**20.5%** (318)	**16.7%** (96)	**20.6%** (162)
Nervous system disorders	**18.6%** (289)	**12.9%** (74)	**19.7%** (155)
General disorders + administration site conditions	**16.1%** (250)	**11.3%** (65)	**17.0%** (140)
Injury, poisoning, + procedural complications	**15.5%** (241)	**13.2%** (76)	**15.7%** (124)
Respiratory, thoracic, + mediastinal disorders	**11.7%** (182)	**8.9%** (51)	**12.6%** (99)
Cardiac disorders	**11.0%** (171)	**10.6%** (61)	**12.9%** (102)
Skin + subcutaneous tissue disorders	**10.1%** (156)	**8.3%** (48)	**9.4%** (74)
Metabolism + nutrition disorders	**10.2%** (158)	**9.6%** (55)	**9.3%** (73)
Vascular disorders	**8.6%** (133)	**5.4%** (31)	**10.0%** (79)
Eye disorders	**7.0%** (108)	**7.0%** (40)	**6.2%** (49)
Laboratory investigations	**6.4%** (99)	**4.3%** (25)	**5.5%** (43)
Psychiatric disorders	**6.5%** (101)	**5.2%** (30)	**8.5%** (67)
Renal + urinary disorders	**5.5%** (85)	**4.7%** (27)	**6.6%** (52)
Neoplasms, benign, malignant (incl cysts/polyps)	**3.0%** (47)	**3.8%** (22)	**4.3%** (34)
Reproductive system + breast disorders	**3.2%** (50)	**2.8%** (16)	**3.4%** (27)
Blood + lymphatic system disorders	**3.0%** (46)	**2.4%** (14)	**3.7%** (29)
Ear + labyrinth disorders	**2.4%** (37)	**1.7%** (10)	**3.9%** (31)

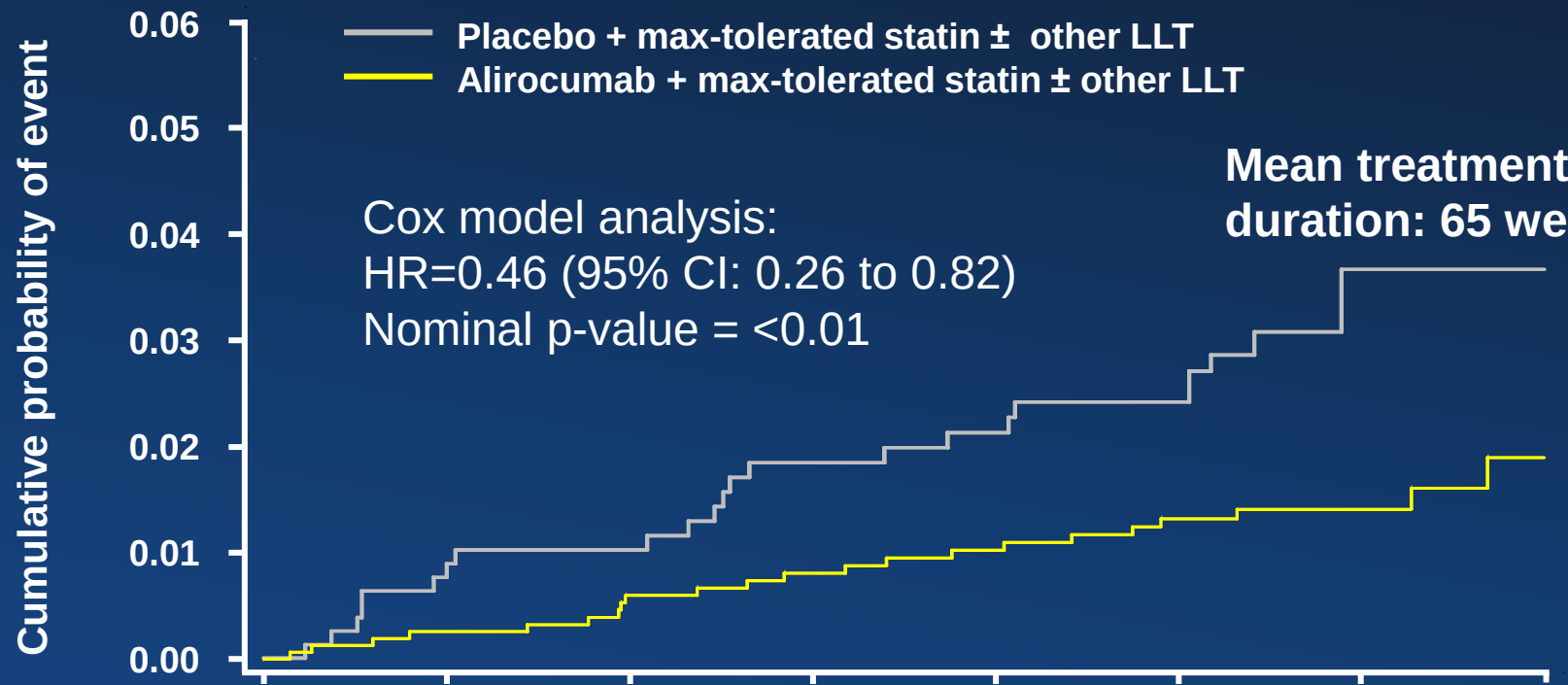
J. Robinson et al., *N Engl J Med* 2015 March 15; Epub ahead of print: Suppl. Appendix

Post-hoc Adjudicated Cardiovascular TEAEs†

Safety Analysis (at least 52 weeks for all patients in ongoing study)

Kaplan-Meier Estimates for Time to First Adjudicated Major CV Event

Safety Analysis (at least 52 weeks for all patients continuing treatment, including 607 patients who completed W78 visit)



No. at Risk								
Placebo	788	776	731	703	682	667	321	127
Alirocumab	1550	1534	1446	1393	1352	1335	642	252

†Primary endpoint for the ODYSSEY OUTCOMES trial: CHD death, Non-fatal MI, Fatal and non-fatal ischemic stroke, Unstable angina requiring hospitalisation. LLT, lipid-lowering therapy

ODYSSEY

THE LANCET

Articles

Inhibition of PCSK9 with evolocumab in homozygous familial hypercholesterolaemia (TESLA Part B): a randomised, double-blind, placebo-controlled trial

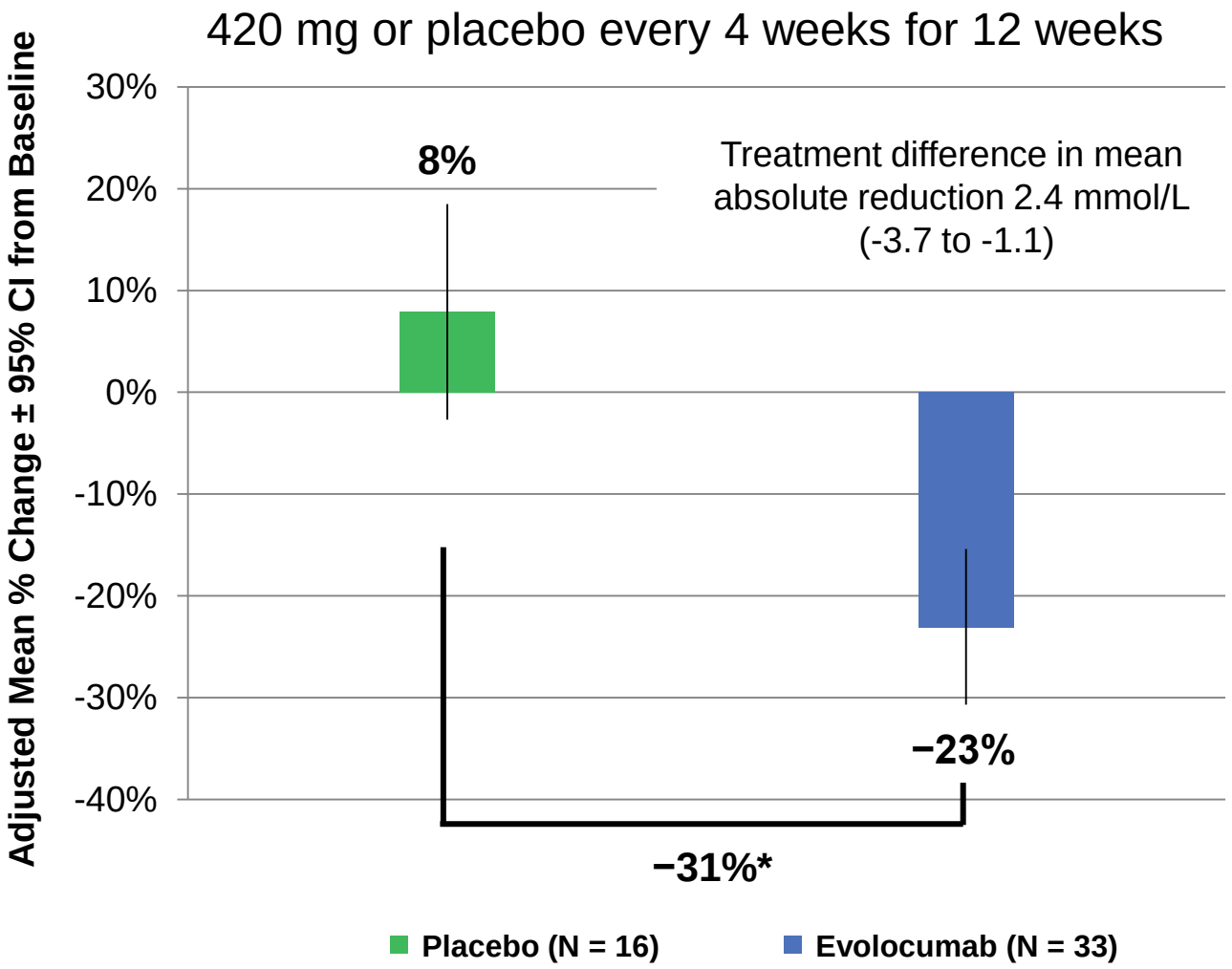
Prof Frederick J Raal, PhD, Narimon Honarpour, MD, Dirk J Blom, MD, G Kees Hovingh, MD, Feng Xu, MS, Rob Scott, MD, Scott M Wasserman, MD, Prof Evan A Stein, PhD, for the TESLA Investigators

† The TESLA study investigators are listed in the appendix

Published Online: 01 October 2014

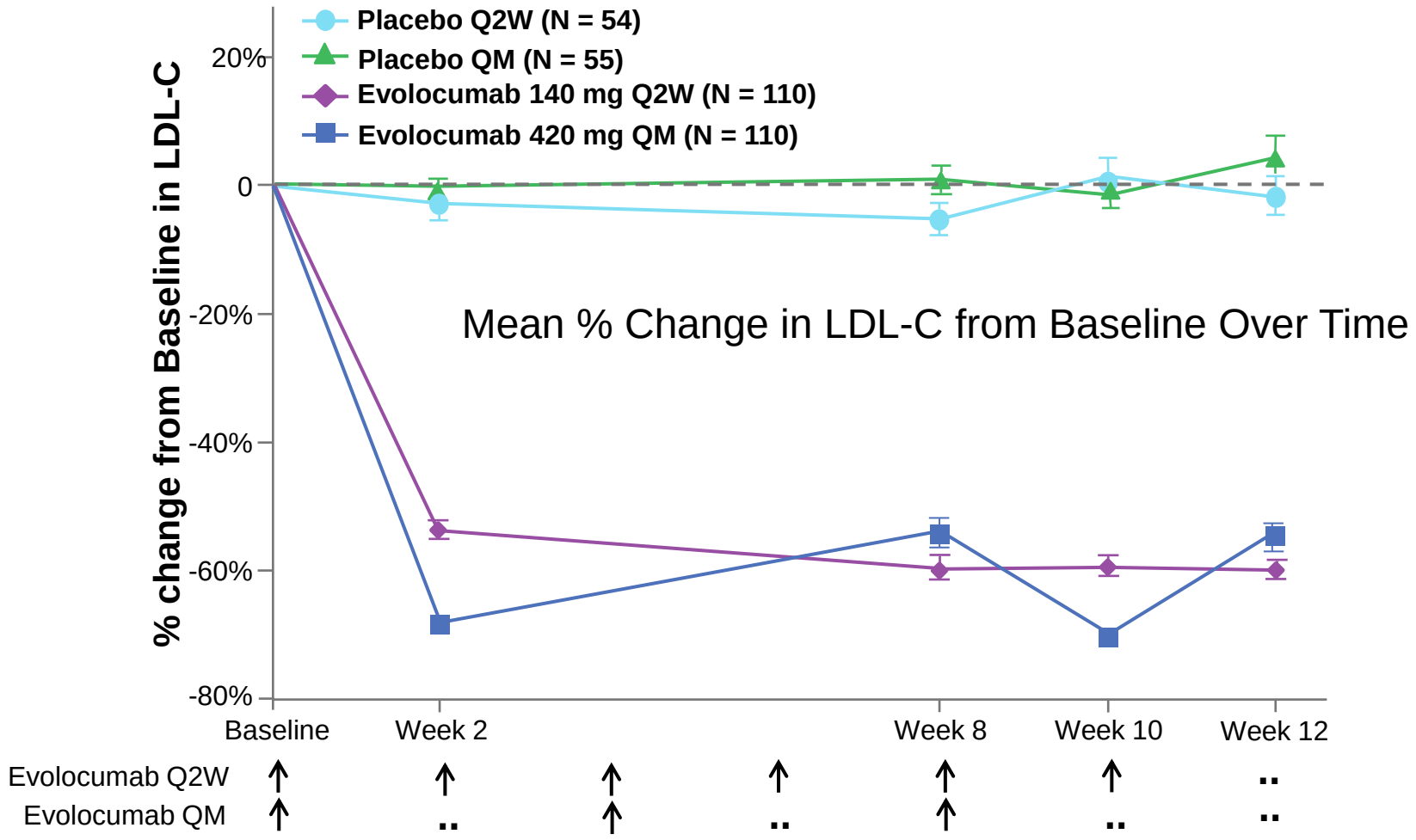
DOI: http://dx.doi.org/10.1016/S0140-6736(14)61374-X

TESLA Part B:
Week 12 mean % Change in UC LDL-C from Baseline



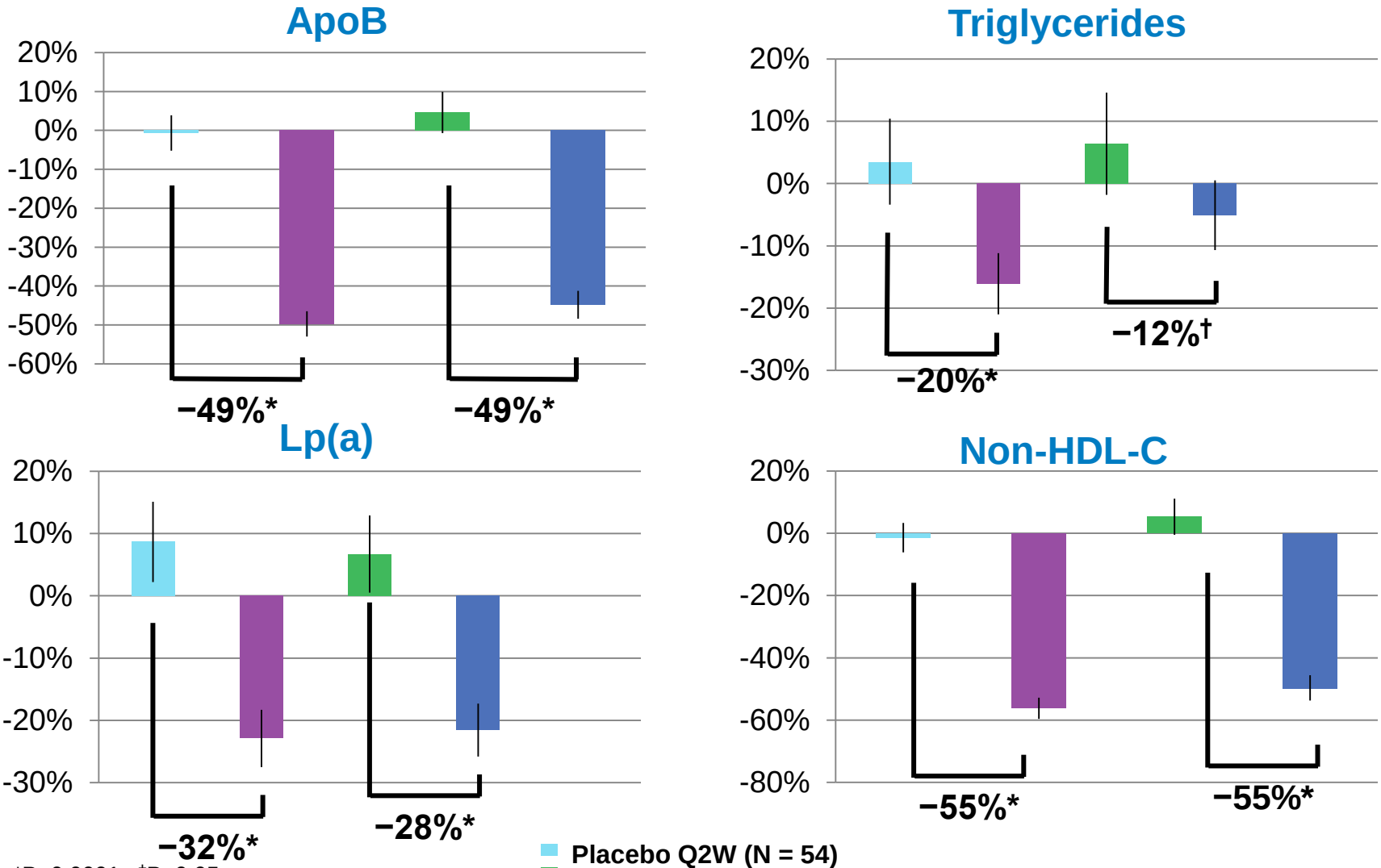
*P<0.0001 evolocumab treatment difference vs placebo.
UC LDL-C, uncentrifugated LDL-cholesterol.
Raal FJ, et al. Lancet 2014; doi.org/10.1016/S0140-6736(14)61374–X.

PCSK9 inhibition with evolocumab* (AMG 145) in heterozygous familial hypercholesterolaemia (RUTHERFORD-2): a randomised, double-blind, placebo-controlled trial



Raal FJ, et al. Lancet 2014; doi.org/10.1016/S0140-6736(14)61399-4.

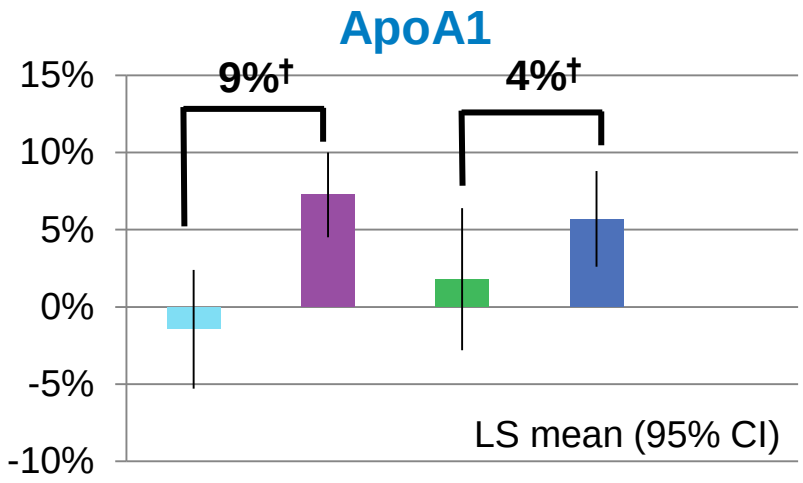
RUTHERFORD-2:
% Changes in Other Atherogenic Lipids (Week 12)

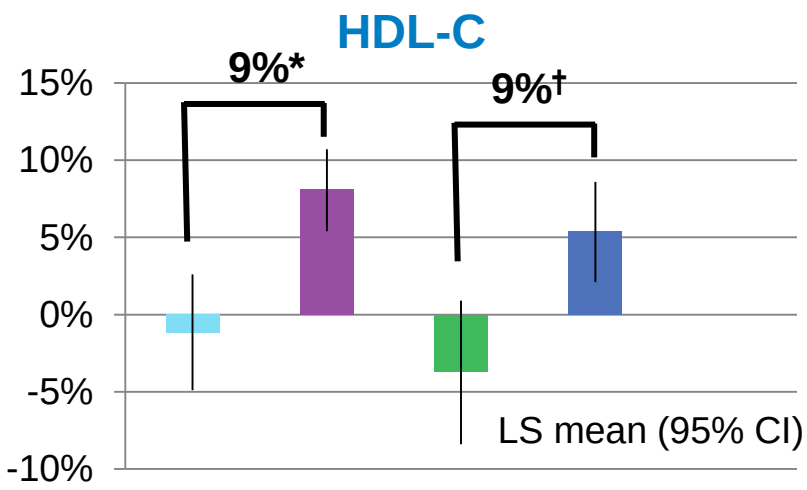


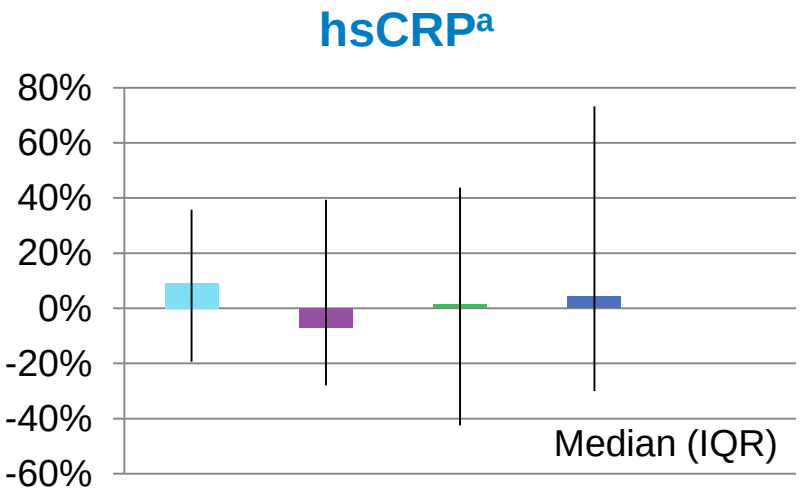
*P<0.0001 ; †P<0.05

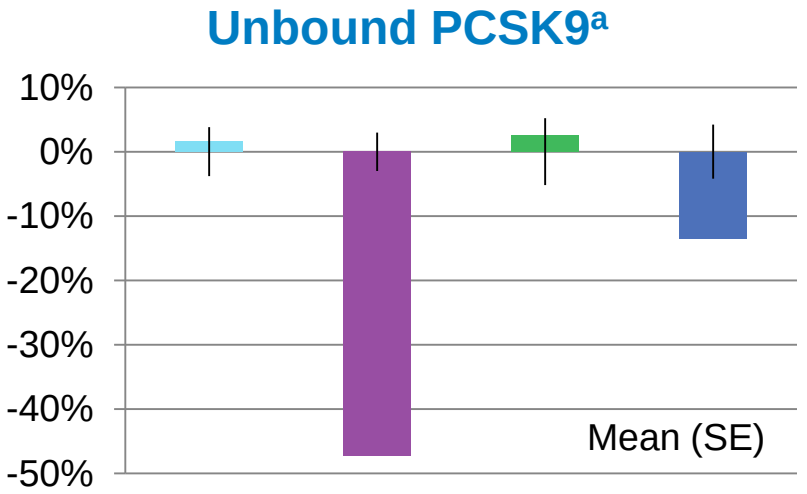
Raal FJ, et al. Lancet 2014;
doi.org/10.1016/S0140-6736(14)61399-4.

RUTHERFORD-2:
% Changes in ApoA1, HDL-C and hsCRP (Week 12)









*P<0.0001 ; †P<0.05

Raal FJ, et al. Lancet 2014;
doi.org/10.1016/S0140-6736(14)61399-4.

- **Placebo Q2W (N = 54)**
- **Placebo QM (N = 55)**
- **Evolocumab 140 mg Q2W (N = 110)**
- **Evolocumab 420 mg QM (N = 110)**

[a]Treatment difference not available

OSLER study

ORIGINAL ARTICLE

Efficacy and Safety of Evolocumab in Reducing Lipids and Cardiovascular Events

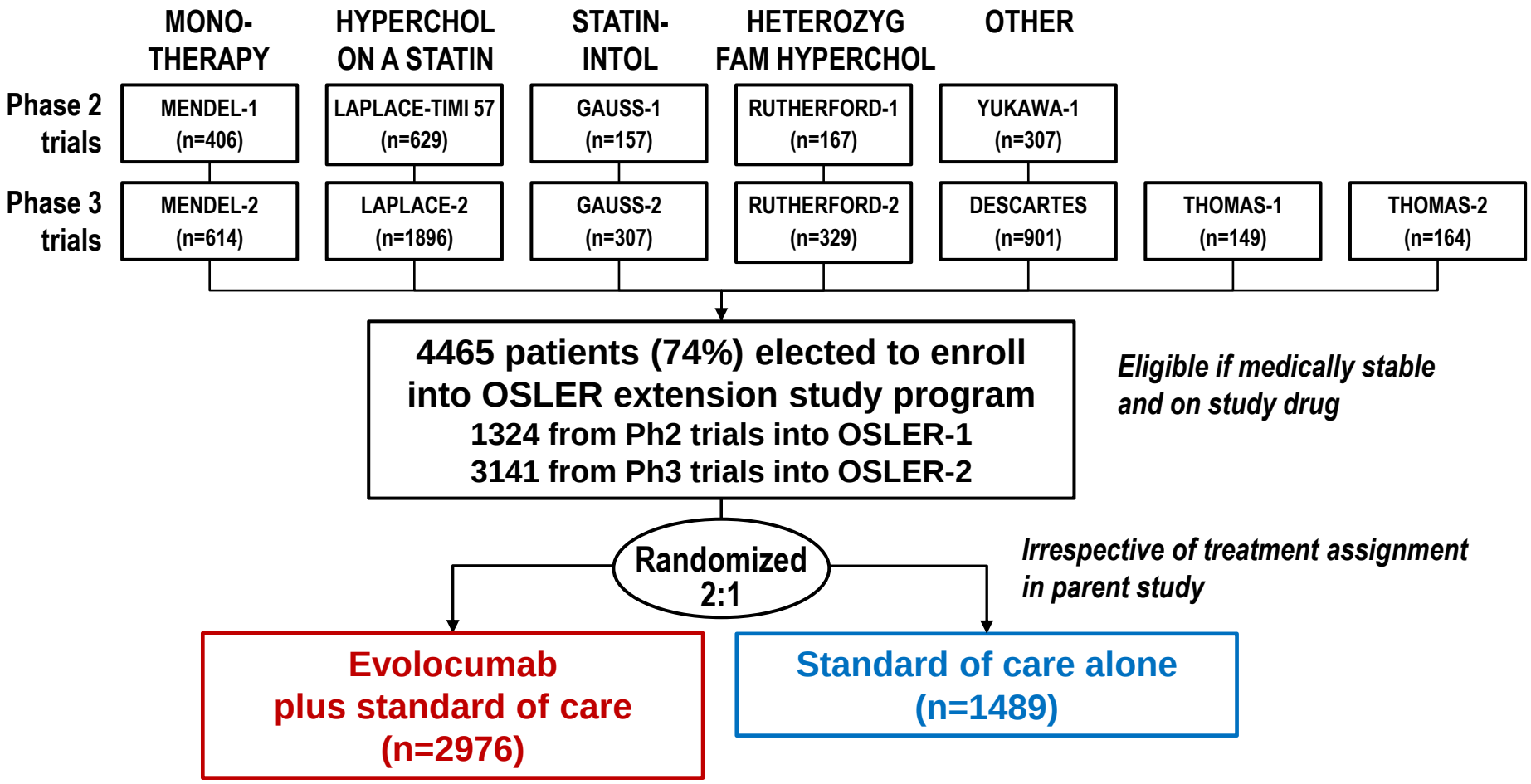
Marc S. Sabatine, M.D., M.P.H., Robert P. Giugliano, M.D., Stephen D. Wiviott, M.D., Frederick J. Raal, M.B., B.Ch., M.Med., Ph.D., Dirk J. Blom, M.B., Ch.B., M.Med., Ph.D., Jennifer Robinson, M.D., M.P.H., Christie M. Ballantyne, M.D., Ransi Somaratne, M.D., Jason Legg, Ph.D., Scott M. Wasserman, M.D., Robert Scott, M.D., Michael J. Koren, M.D., and Evan A. Stein, M.D., Ph.D. for the Open-Label Study of Long-Term Evaluation against LDL Cholesterol (OSLER) Investigators

Conclusions

During approximately 1 year of therapy, the use of evolocumab plus standard therapy, as compared with standard therapy alone, significantly reduced LDL cholesterol levels and reduced the incidence of cardiovascular events in a prespecified but exploratory analysis.

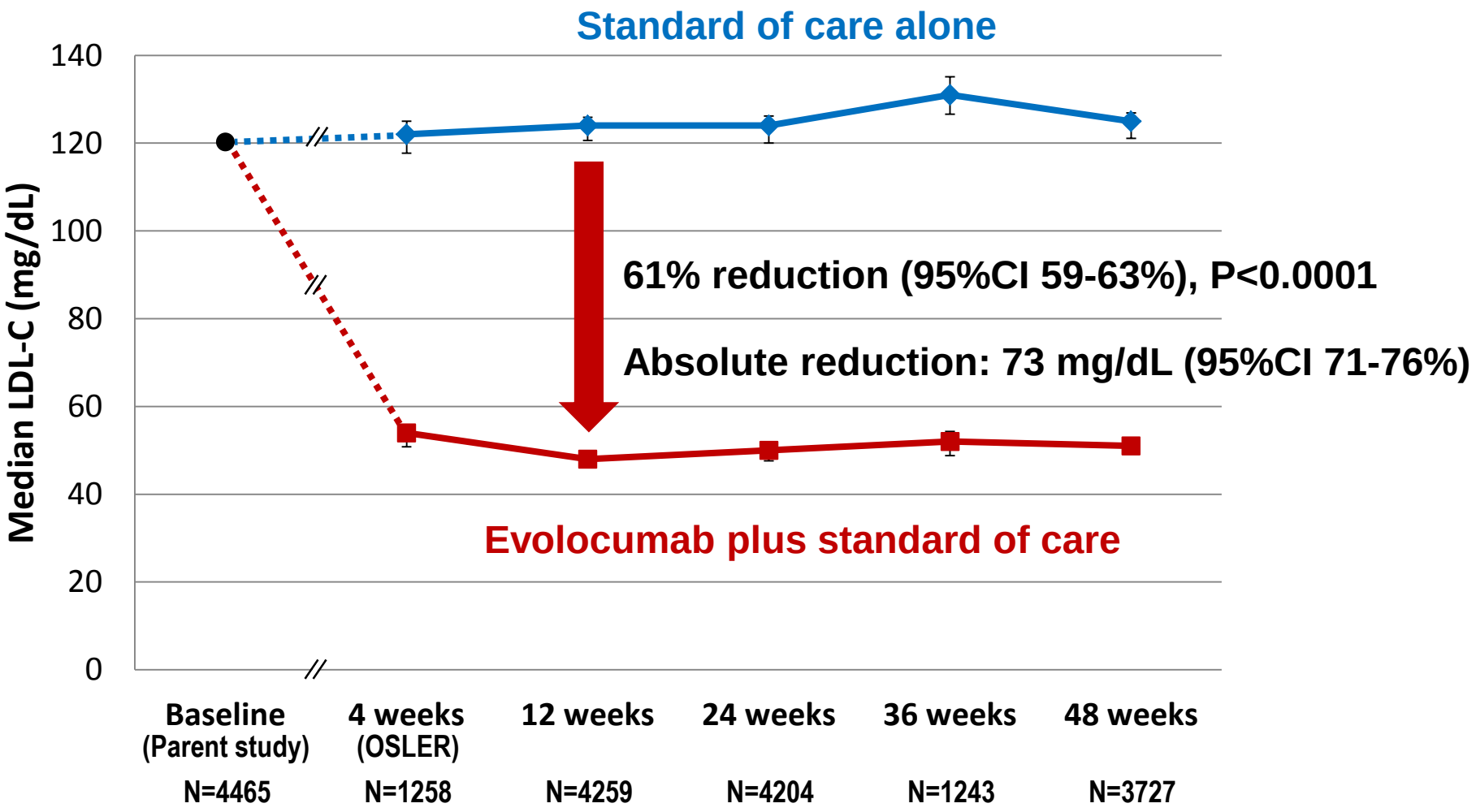
N Engl J Med 2015; 372:1500-1509. April 16, 2015 DOI: 10.1056/NEJMoa1500858

OSLER Program



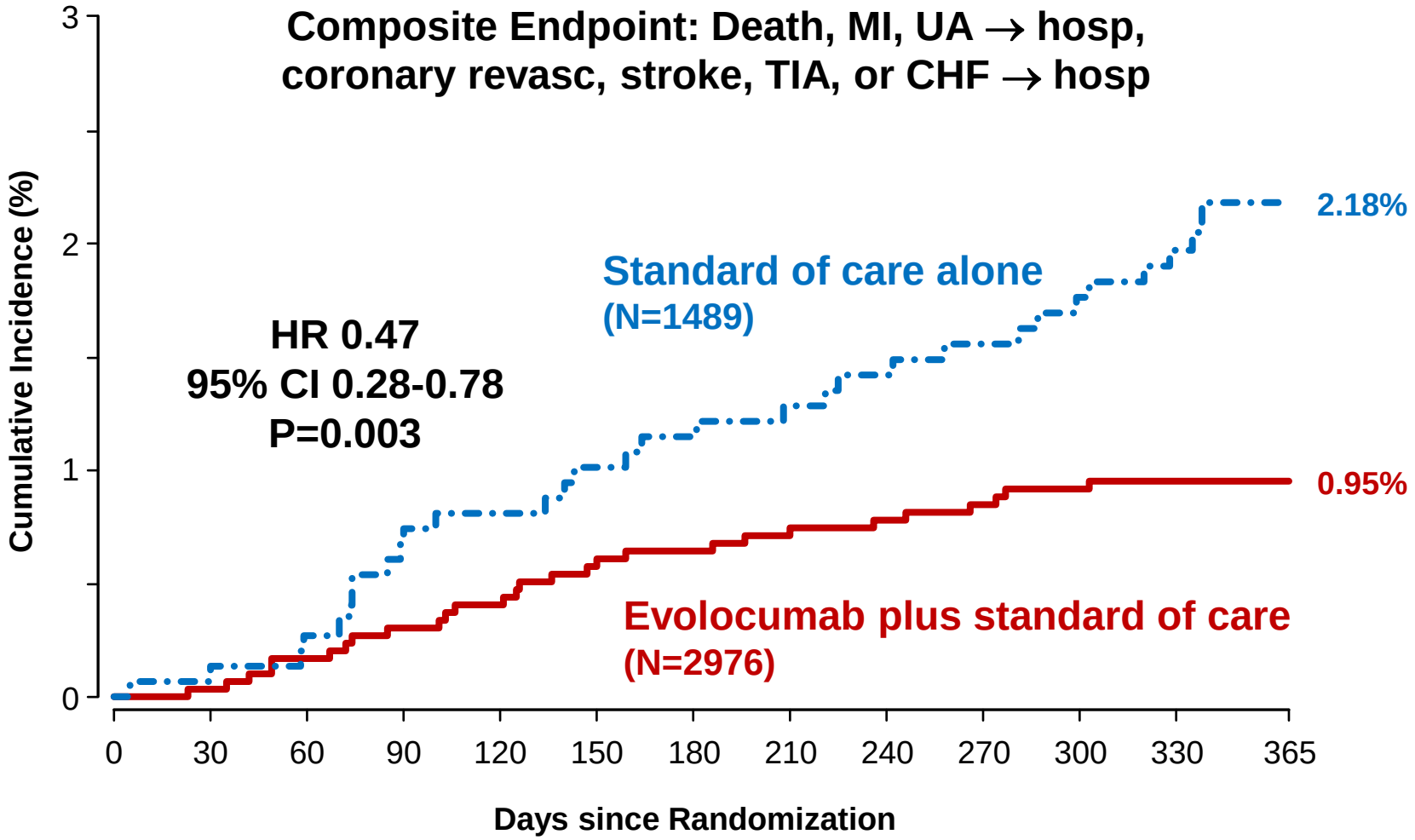
Median follow-up of 11.1 months (IQR 11.0-12.8)
7% discontinued evolocumab early
96% completed follow-up

LDL Cholesterol



N Engl J Med 2015; 372:1500-1509. April 16, 2015 DOI: 10.1056/NEJMoa1500858

Cardiovascular Outcomes



N Engl J Med 2015; 372:1500-1509. April 16, 2015 DOI: 10.1056/NEJMoa1500858

Adverse Events by Achieved LDL-C

	Evolocumab subjects stratified by minimum achieved LDL-C				All EvoMab (n=2976)	Stnd of Care Alone (n=1489)
	<25 mg/dL (n=773)	25 to <40 mg/dL (n=759)	<40 mg/dL (n=1532)	≥40 mg/dL (n=1426)		
Adverse Events (%)						
Any	**70.0**	68.1	69.1	70.1	69.2	**64.8**
Serious	**7.6**	6.9	7.2	7.8	7.5	**7.5**
Muscle-related	**4.9**	7.1	6.0	6.9	6.4	**6.0**
Neurocognitive	**0.5**	1.2	0.8	1.0	0.9	**0.3**
Lab results (%)						
ALT/AST >3×ULN	**0.9**	0.8	0.8	1.3	1.0	**1.2**
CK >5×ULN	**0.4**	0.9	0.7	0.5	0.6	**1.2**

Prevention - Scientific Session
Session #607
Lipid Guidelines: Evolution, Revolution or Devolution
Saturday, March 14, 2015, 8 a.m. - 9:30 a.m.
Room 6B
CME Hours: 1.5 /CNE Hours: 1.5

Co-Chair: John J.P. Kastelein
Co-Chair: Vijay Nambi

8:00 a.m.
Lipid Guidelines: Let's Find Some Common Ground