122

Icosapent Ethyl (eicosapentaenoic acid ethyl ester): Effects on Apolipoprotein C-III in Patients from the MARINE and ANCHOR Studies

Christie M. Ballantyne, MD, Harold E. Bays, MD, Rene A. Braeckman, PhD, William G. Stirtan, PhD, Ralph T. Doyle Jr., BA, Rebecca Juliano, PhD, Paresh N. Soni, MD, PhD, (Houston, TX)

Lead Author's Financial Disclosures: Dr. Ballantyne has received Grant/Research Support, all significant (all paid to institution, not individual) – from Abbott, Amarin, Amgen, Eli Lilly, GlaxoSmithKline, Genentech, Merck, Novartis, Pfizer, Regeneron, Roche, Sanofi-Synthelabo,

Dr. Ballantyne is a consultant for Abbott, Aegerion, Amarin, Amgen, Arena, Cerenis, Esperion, Genentech, Genzyme, Kowa, Merck, Novartis, Pfizer, Resverlogix, Regeneron, Roche, Sanofi-Synthelabo and is on the speakers Bureau for Abbott.

*Significant where noted (>10,000.); remainder modest (< 10,000).

Study Funding: Yes

NIH, AHA

Funding Sources: This study was sponsored by Amarin Pharma, Inc.

Background/Synopsis: Apolipoprotein C-III (ApoC-III) is a small protein that resides on various lipoproteins, inhibits lipoprotein/hepatic lipases, impairs hepatic uptake of triglyceride (TG)-rich lipoproteins (such as lipoprotein remnants), and generally promotes hypertriglyceridemia. Its increased activity may also contribute to insulin

resistance and atherosclerosis. Prior reports of the omega-3 fatty acid eicosapentaenoic acid (EPA) alone or in

combination with the omega-3 fatty acid docosahexaenoic acid have suggested inconsistent effects on ApoC-III levels. Icosapent ethyl (IPE) is a high-purity prescription form of EPA ethyl ester approved to reduce TG levels in patients with severe hypertriglyceridemia (TG ≥500 mg/dL).

Objective/Purpose: To evaluate the effects of IPE on ApoC-III levels in patients from the MARINE and ANCHOR studies.

Methods: MARINE and ANCHOR were 12-week, phase 3, double-blind studies that randomized patients to IPE 4 g/day, 2 g/day, or placebo. MARINE randomized 229

disease with TG \geq 200 and <500 mg/dL despite low-density lipoprotein cholesterol (LDL-C) control while on statin therapy. This analysis assessed the median percent change from baseline to study end in ApoC-III levels compared with placebo.

randomized 702 patients at high risk for cardiovascular

Results: Total ApoC-III levels were assessed in 148 and 612 patients in MARINE and ANCHOR, respectively. In MARINE, IPE 4 g/day and 2 g/day statistically significantly reduced ApoC-III levels by 25.1% (p<0.0001) and 14.3% (p=0.0154) vs placebo, respectively. In ANCHOR, IPE 4 g/day and 2 g/day statistically significantly reduced ApoC-III levels by 19.2% (p<0.0001) and 8.5% (p=0.0008) vs placebo, respectively.

Conclusion: Compared to placebo, IPE significantly reduced ApoC-III levels in patients in the MARINE (TG ≥500 and ≤2000 mg/dL) and ANCHOR (TG ≥200 and <500 mg/dL) studies, in which IPE also significantly lowered TG and apolipoprotein B without increasing LDL-C.

patients with TG ≥500 and ≤2000 mg/dL while ANCHOR

ApoC-III levels in patients from the MARINE and ANCHOR Studies (IPE 4 q/day and placebo groups only)

ApoC-III	Median Baseline Value, mg/dL (IQR)	Median Final Value, mg/dL (IQR)	Median Change from Baseline, % (IQR)	Median Change from Baseline vs Placebo, % (p value)
MARINE IPE 4 g/day n=53	25.6 (11.6)	19.7 (10.5)	-10.1 (27.1)	-25.1 (<0.0001)
MARINE Placebo n=46	26.8 (17.3)	32.7 (14.6)	12.3 (41.5)	
ANCHOR IPE 4 g/day n=208	15.2 (4.76)	13.7 (4.80)	-9.4 (25.9)	-19.2 (<0.0001)
ANCHOR Placebo n=201	14.8 (4.48)	16.2 (5.57)	10.9 (30.0)	

ApoC-III = apolipoprotein C-III; IPE = icosapent ethyl; IQR = interquartile range.