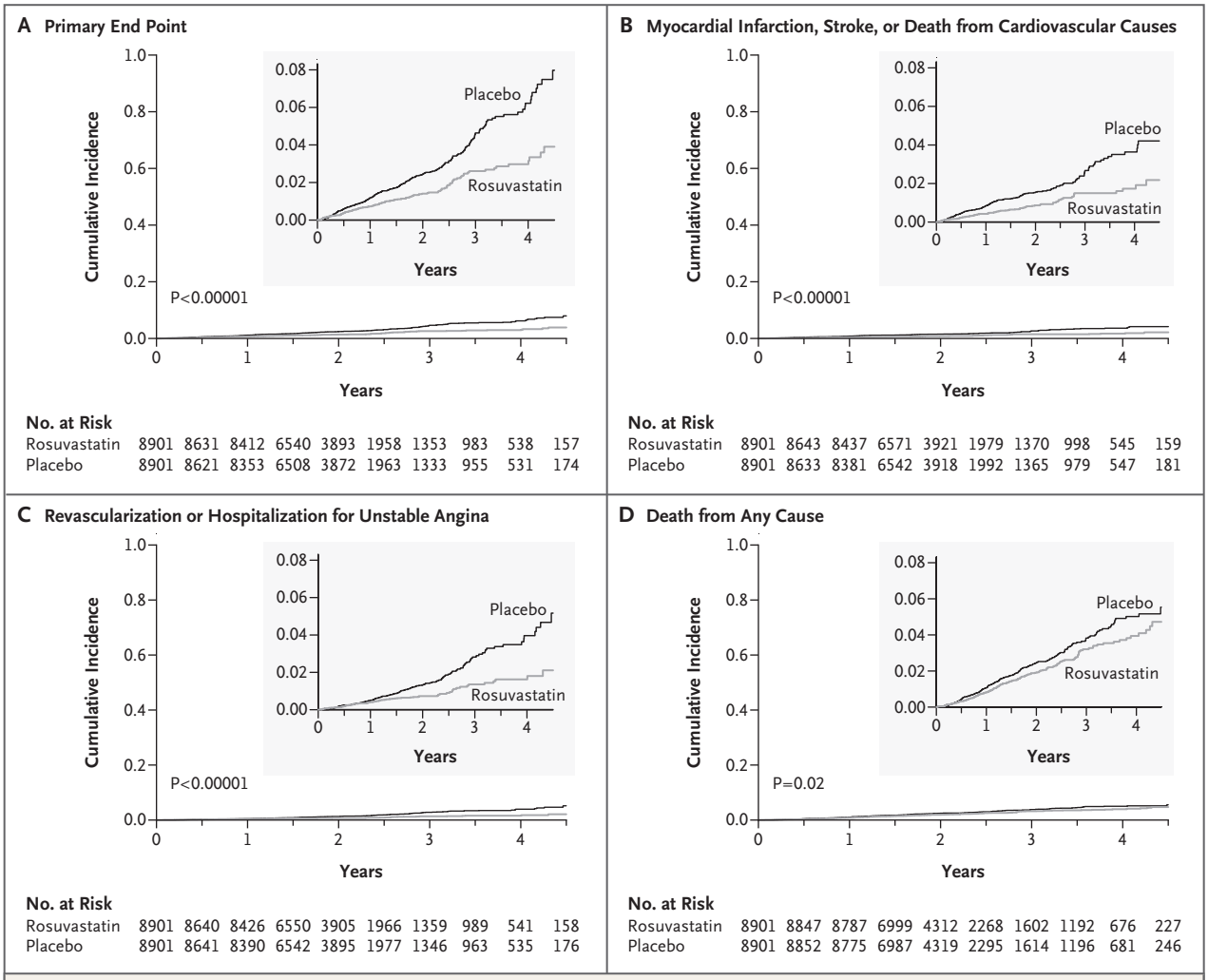

Figure 1. Cumulative Incidence of Cardiovascular Events According to Study Group.

Panel A shows the cumulative incidence of the primary end point (nonfatal myocardial infarction, nonfatal stroke, arterial revascularization, hospitalization for unstable angina, or confirmed death from cardiovascular causes). The hazard ratio for rosuvastatin, as compared with placebo, was 0.56 (95% confidence interval [CI], 0.46 to 0.69; P<0.00001). Panel B shows the cumulative incidence of nonfatal myocardial infarction, nonfatal stroke, or death from cardiovascular causes, for which the hazard ratio in the rosuvastatin group was 0.53 (95% CI, 0.40 to 0.69; P<0.00001). Panel C shows the cumulative incidence of arterial revascularization or hospitalization for unstable angina, for which the hazard ratio in the rosuvastatin group was 0.53 (95% CI, 0.40 to 0.70; P<0.00001). Panel D shows the cumulative incidence of death from any cause, for which the hazard ratio in the rosuvastatin group was 0.80 (95% CI, 0.67 to 0.97; P=0.02). In each panel, the inset shows the same data on an enlarged y axis and on a condensed x axis.

duced the incidence of major cardiovascular events, despite the fact that nearly all study participants had lipid levels at baseline that were well below the threshold for treatment according to current prevention guidelines. Rosuvastatin also significantly reduced the incidence of death from any cause. These effects were consistent in all subgroups evaluated, including subgroups customarily considered to be at low risk, such as people with Framingham risk scores of 10% or less, those with LDL cholesterol levels of 100 mg per deciliter or less, those without the metabolic syndrome, and those with elevated levels of high-sensitivity C-reactive protein but no other major risk factor. The trial also showed robust reductions in cardiovascular events with statin therapy in women and black and Hispanic populations for which data on primary prevention are limited.

Previous statin trials (most of which used LDL cholesterol level criteria for enrollment) have gen-

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