

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/clinical-practice/cardiology/efficacy-of-obicetrapib-across-diverse-background-lipid-lowering-regimens-pooled-broadway-brooklyn-analyses/36582/>

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Efficacy of Obicetrapib Across Diverse Background Lipid-Lowering Regimens: Pooled BROADWAY & BROOKLYN Analyses

Announcer:

Welcome to DataPulse from ESC 2025 on ReachMD. This activity, titled “Efficacy of Obicetrapib Across Diverse Background Lipid-Lowering Regimens: Pooled BROADWAY & BROOKLYN Analyses” is provided by Medcon International.

Dr. Ray:

Hi there. I'm Kausik Ray, professor of public health at Imperial College London. I'm at ESC 2025 in Madrid, and I'd like to share with you some exciting new data that I presented here as an abstract looking at obicetrapib versus placebo, a pooled analysis of the BROADWAY and BROOKLYN trials. And what we particularly looked at in this analysis was the effectiveness of obicetrapib in reducing LDL cholesterol, APOB, and non-HDL cholesterol by background lipid-lowering therapy.

Now, as a reminder, the BROADWAY trial enrolled patients with ASCVD or heterozygous FH, randomized 1:1 to obicetrapib 10 mg or placebo. And the BROOKLYN trial was a population with heterozygous FH with an LDL above 70 mg/dL. When we pooled the data together, we've got 2,778 individuals, and when we break these down, yes or no, into: Were you on a statin? Yes/No. High, moderate, low intensity. Were you on any combination therapy?

And we had, in the late 20s, use of ezetimibe, and there were about 5% of individuals on a PCSK9 inhibitor, as well.

Combination therapy was defined as any 2 combinations, whether it's 2 oral agents, an oral or injectable. We also studied patients with statin intolerance as well, and they're obviously going to be those patients that are on no lipid-lowering therapy.

What we found was that, in the overall parent trial, we'd seen a 34.9% reduction in LDL cholesterol levels, and we saw similar reductions irrespective of if you were on a statin or not, whether that was high, moderate, or low intensity, whether it was ezetimibe only, or whether it was on a background of a PCSK9 inhibitor. The use of combination therapy didn't attenuate the benefit of obicetrapib, and you got very similar reductions.

Similarly, with APOB, we saw approximately 20% reduction in APOB, and this was consistent by background therapy, irrespective of type, class, or combination or monotherapy. And similarly, we saw a 30% reduction in non-HDL cholesterol, and this was consistent, again, by background therapy.

So this really gives us insight into the fact that we can add obicetrapib, irrespective of statin intensity, irrespective of the presence of a PCSK9 inhibitor or ezetimibe or no therapy. And it really supports the place of obicetrapib as an exciting potential therapy that we can add in for those patients who don't achieve their cholesterol goals. Remember, everybody in this study had LDLs above either 70 or 55 mg/dL if they were very-high-risk patients. So this really is an exciting time in this field.

Thank you for listening.

Announcer:

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listening.