

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/global-burden-of-stroke-and-myocardial-infarction-in-patients-at-high-risk-of-first-mace-insights-from-the-vesalius-real-study/39990/>

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Global Burden of Stroke and Myocardial Infarction in Patients at High Risk of First MACE: Insights From the VESALIUS-REAL Study

Announcer:

Welcome to DataPulse from AHA 2025 on ReachMD. This activity, titled "Global Burden of Stroke and Myocardial Infarction in Patients at High Risk of First MACE: Insights From the VESALIUS-REAL Study" is provided by Medcon International.

Dr. Budoff:

Hi, my name is Matthew Budoff. I'm a professor of medicine at UCLA, and I'm here with you at the American Heart Association in New Orleans, Louisiana.

Today, I wanted to talk to you a little bit about the VESALIUS-REAL study. This was a study that looked at real-world evidence across many different countries around the world, incorporating over 1.1 million patients, to look at the risk of stroke and myocardial infarction rates in patients at high risk for first major atherosclerotic cardiovascular events. We incorporated patients with diabetes and other risk factors. We incorporated patients with established cardiovascular disease, peripheral arterial disease, and prior TIA or stroke, to look at the implementation of lipid-lowering therapies and LDL testing over the course of 5 years.

Looking at these patients across multiple different countries, we found about 50% of patients were not tested for LDL-C at all over at least 1 year. Of those patients that were tested, less than 50% were on any lipid-lowering therapy, including statins, and less than 5% were on any non-statin therapies. Only 1 in 5 patients around the globe achieved guideline-recommended LDL-C goals over the 1-year follow-up. We looked at incidence rates for myocardial infarction and stroke over 5 years from that index date when we put them into the study. Cumulative incident rates for myocardial infarction were 1% to about 5%; in the US, the incident rate for myocardial infarction was about 2%. And over the 5 years, the stroke risk ranged from about 3% to 13% for first stroke at 5 years after index event.

So think about this. We have patients who are high-risk, they're not getting tested for LDL, and even when they are getting tested, they're not getting to goal. Only 1 in 5 patients made it to their LDL-C goal during follow-up. So we have an incredible opportunity to optimize lipid management in this high-risk population to prevent myocardial infarctions, strokes, and of course, cardiovascular death.

With the emerging data that we have now from the VESALIUS-CV outcome study showing that we can reduce events by an additional 25% if we need to add additional therapies, like evolocumab, to statins, we can really make a big impact in our clinical practice. But we have to start with LDL testing, we have to move to statin therapy, and then, if their LDL is still above target guidelines, we need to implement non-statin treatments to help us get this burden of risk down.

So please join me in really maximizing testing and optimizing treatment in this very high-risk population.

I'd like to thank you for joining me, and I look forward to talking to you again. Take care.

Announcer:

Thank you for listening to this DataPulse from AHA 2025 on ReachMD. This activity is provided by Medcon International. Thank you for listening.