

CHOLESTEROL MATTERS

RECENT ADVANCES IN THE MANAGEMENT OF HIGH-RISK CV PATIENTS

INVITATION

SPEAKER Professor Karam Kostner

Director of Cardiology, Mater Hospital

DATE Tuesday the 27th October

Are your ASCVD patients achieving their guideline LDL-C goal?

Over 250,000 Australians are hospitalised for atherosclerotic cardiovascular disease (ASCVD) each year and remain at high risk of future CV events that are likely to be fatal.¹⁻⁴ The benefit of lowering LDL-C to help prevent CV events is well documented, yet LDL-C remains not-at-goal in the majority of patients, leaving them at risk of recurrent events.⁵⁻⁷

CHOLESTEROL MATTERS is a practical, interactive webinar where we will have a heart-to-heart discussion on recent advances in lipid management for improved patient outcomes in high-risk CVD patients.

Join us online to learn how Repatha® (evolocumab) can help reduce the risk of CV events in your patients with ASCVD and how you can provide your patients with significant benefits beyond the existing standard of care through a care partnership with specialist physicians.^{8,9}

[CLICK HERE TO REGISTER](#)

AGENDA

6:45 - 7:00 PM AEST	VIRTUAL LOBBY OPEN
7:00 - 7:45 PM AEST	RECENT ADVANCES IN THE MANAGEMENT OF HIGH-RISK CV PATIENTS
7:45 - 8:00 PM AEST	DISCUSSION

FOR FURTHER INFORMATION CONTACT YOUR AMGEN REPRESENTATIVE

NAME: Susan Grima

PHONE: 0448672663

EMAIL: susan.grima@amgen.com

Cholesterol Matters - you make the difference!

PBS Information: Authority Required. Non-familial and familial hypercholesterolaemia. Criteria apply for certain patient populations. Refer to PBS Schedule for full Authority Required information.

Refer to full Product Information before prescribing; available from Amgen Australia Pty Ltd, Ph: 1800 803 638 or at www.amgen.com.au/Repatha.PI For more information on Repatha®, or to report an adverse event or product complaint involving Repatha®, please contact Amgen Medical Information on 1800 803 638.

Repatha® Minimum Product Information: Indication: Prevention of cardiovascular events (CVD) (myocardial infarction, stroke and coronary revascularisation) in adults given in combination with an optimally dosed statin and/or other lipid-lowering therapies; Primary hypercholesterolaemia (heterozygous familial hypercholesterolaemia and non-familial hypercholesterolaemia) in adults, given in combination with diet, exercise and a statin, or statin with other lipid lowering or alone or in combination with other lipid lowering therapies in statin intolerant patients. **Homozygous familial hypercholesterolaemia (HoFH)** 12 years and above given in combination with diet, exercise and other lipid lowering therapies. **Contraindications:** Sensitivity to evolocumab or excipients. **Precautions:** Hypersensitivity reactions. Concomitant lipid lowering therapies – check all relevant prescribing information. Effect of long term Low LDL-C levels unknown. Immunogenic potential. Pregnancy Category: B1. Caution – breastfeeding. Drug interactions – approx. 20% increase in clearance of Repatha co-administered with statins with no adverse impact on pharmacodynamic effect of Repatha. **Adverse Reactions:** Common – nasopharyngitis, upper respiratory tract infection, influenza, back pain, arthralgia, nausea, sinusitis, upper abdominal pain, gastroesophageal reflux disease, gout, insomnia, blood creatine phosphokinase increased, diarrhoea, dizziness, gastroenteritis, rash, palpitations, injection site reactions. **Dosage & Administration:** Subcutaneous. Aim: decrease low-density lipoprotein – cholesterol (LDL-C). Primary hypercholesterolaemia and prevention of CVD: 140 mg every 2 weeks or 420 mg monthly. HoFH: Initial dose 420mg monthly. Increase to 420mg fortnightly if meaningful response not achieved in 12 weeks. Patients on apheresis may initiate at 420mg fortnightly with apheresis schedule.

Abbreviations: ASCVD, atherosclerotic cardiovascular disease; CV, cardiovascular; PBS, Pharmaceutical Benefits Scheme

References: 1. Australian Institute of Health and Welfare 2019. Cardiovascular disease. Cat. no. CVD 83. Canberra: AIHW. Viewed 22 April 2020, <https://www.aihw.gov.au/reports/heart-stroke-vascular-diseases/cardiovascular-health-compedium>. Accessed May 2020. 2. Jernberg T et al. Eur Heart J 2015;36:1163–70. 3. Briffa TG et al. Circ Cardiovasc Qual Outcomes 2011;4:107–13. 4. Smolina K et al. Circ Cardiovasc Qual Outcomes 2012;5:532–40. 5. Cannon CP et al. N Engl J Med 2015;372:2387–97. 6. LaRosa, JC et al. N Engl J Med 2005;352:1425–35. 7. Fox KM et al. Clin Res Cardiol 2018. 17; 380-88. 8. Sabatine MS et al. N Engl J Med 2017;376:1713–22. 9. Pharmaceutical Benefits Scheme. Available from www.pbs.gov.au. Accessed May 2020.

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