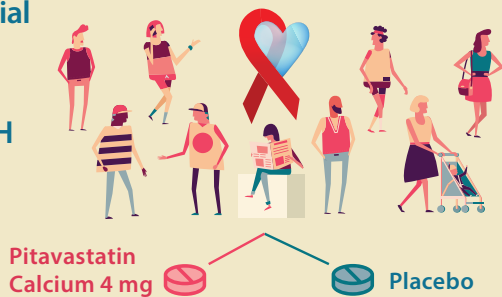


How can people living with HIV (PWH) protect their heart health?

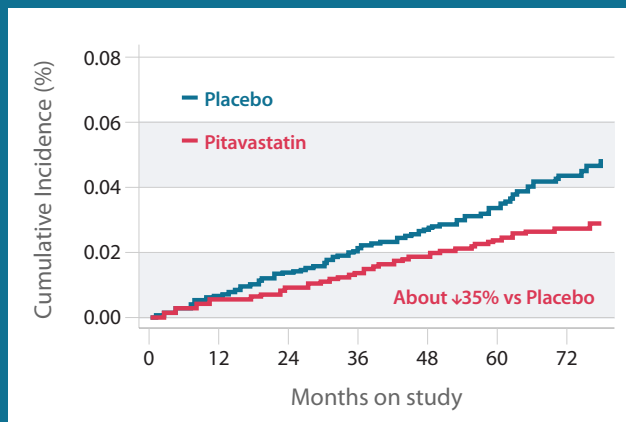
People living with HIV (PWH) are at risk of developing cardiovascular disease.

The Randomized Trial to Prevent Vascular Events (REPRIEVE) enrolled **7,769** PWH around the world to test whether pitavastatin (vs. placebo) can prevent cardiovascular disease in this population.



Each heart on the map represents a REPRIEVE clinical research site.

Time to major adverse cardiovascular event (like first heart attack or stroke)

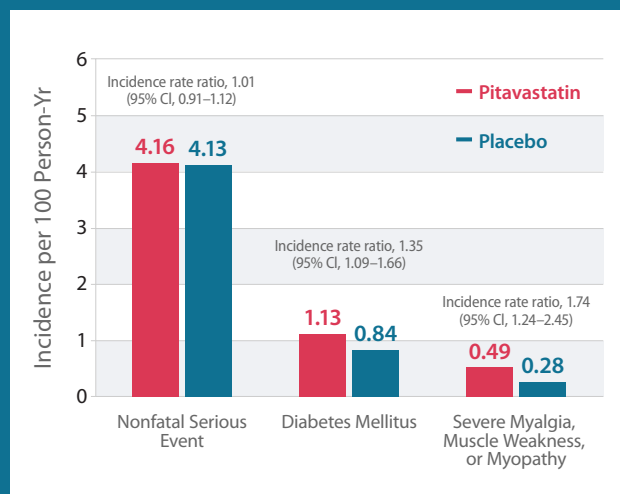


Pitavastatin reduced the incidence of the primary endpoint, major adverse cardiovascular events (MACE), by 35% compared to placebo over an average of approximately 5 years of follow up.

Conclusion

In PWH at low-to-moderate traditional risk for cardiovascular disease, pitavastatin is safe, effective and prevents major adverse cardiovascular disease events like heart attack and stroke.

Adverse events diagnosed during study period



Adverse events were similar between participants taking pitavastatin vs. placebo.

- Diabetes rates increased in the pitavastatin group, however pitavastatin reduced major adverse cardiovascular events even among PWH with diabetes.
- Muscle-related symptoms were higher in the pitavastatin group but were mostly mild and only 1% withdrew for muscle-related symptoms.

DEFINITION OF TERMS:

Cumulative incidence is the proportion of people who experience an event during the study period. This can be thought of as the risk of experiencing a major adverse cardiovascular event in this study.

Incidence per 100 person-years is the rate that people experience an event during the study period. Person-years is a measure of how much time the people have spent in the study.

A **95% confidence interval (95% CI)** is the range of values that we expect a data estimate to fall between 95% of the time if the study was repeated.

For more information, please visit the REPRIEVE Trial website:
www.reprievetrial.org