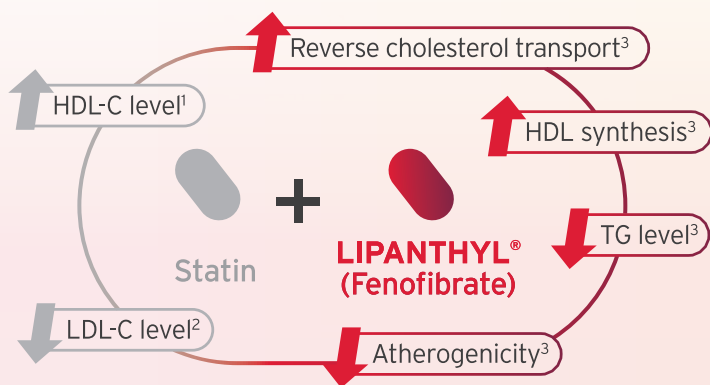




Managing lipid levels in an **all-round way**

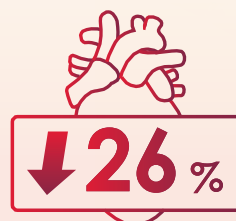
Patients who achieve their LDL-C target with marginal TG (2.3 - 5.6 mmol/L), initiate co-statin treatment with LIPANTHYL® to achieve non-HDL-C target level and reduce CV risk

Co-statin treatment with **LIPANTHYL®**



ECLIPSE-REAL Study*⁴

CV benefits of LIPANTHYL® plus statin have been proven in the study with **over 2.5 years of follow-up**⁴



reduced hazard of CV events
in adults (≥40 years) with metabolic syndrome
receiving co-statin treatment with LIPANTHYL®
versus those with statin alone⁴

2020 AACE/ACE guidelines recommendation



ASCVD risk factor modification algorithm for patient who are under statin therapy, TG levels should be **<1.7 mmol/L** at every risk level⁵



* Study design: A total of 29,771 adults with metabolic syndrome (≥40 years) received statin treatment, of which 2,156 patients receiving combined treatment (statin plus LIPANTHYL®) were weighted based on propensity score in a 1:5 ratio with 8,549 participants using statin only treatment. The primary outcome was composite cardiovascular events including incident coronary heart disease, ischaemic stroke, and death from cardiovascular causes.⁴

AACE=American Association of Clinical Endocrinology; ACE=American College of Endocrinology; ASCVD=atherosclerotic cardiovascular disease; CV=cardiovascular; ECLIPSE-REAL=Effectiveness of Fenofibrate Therapy in Residual Cardiovascular Risk Reduction in the Real World; HDL=high-density lipoprotein; HDL-C=HDL cholesterol; LDL-C=low-density lipoprotein cholesterol; TG=triglyceride.

References: 1. McTaggart F, Jones P. Cardiovasc Drugs Ther. 2008;22(4):321-338. 2. Cholesterol Treatment Trialists' (CTT) Collaborators, et al. Lancet. 2012;380(9841):581-590. 3. Keating GM, Croom KF. Drugs. 2007;67(1):121-153. 4. Kim NH, et al. BMJ. 2019;15125. 5. Garber AJ, et al. Endocr Pract. 2020;26(1):107-137.

