Symphony Health Solutions AlphaPulse Study Highlights:
Physician Reaction to new ACC/AHA Cholesterol Guidelines

**Background:** On November 12, 2013 the ACC and AHA published new guidelines on the treatment of cholesterol to reduce cardiovascular risk in adults. In the last two weeks there has been a lot of discussion about the new guidelines in professional publications as well as the lay press.

**Methodology:** Study participants included 150 primary care physicians and cardiologists in the U.S. and 100 cardiologists in Germany, UK, France, Italy, and Spain. The study was fielded from November 21-22, 2013.

- **Awareness of guidelines is almost universal among US physicians and very high in Europe**
  - 97% of US PCPs and 100% of US cardiologists have heard of the new guidelines
  - 85% of European cardiologist have heard of the new guidelines

- **Physicians have reacted positively and indicate that they are already treating patients in-line with the new guidelines**
  - US PCPs and cardiologists indicate that they are already prescribing statin therapy to the vast majority of patients in the four newly defined “statin benefit groups”
  - 90% of cardiologists in Europe agree with the new guidelines as being appropriate for Europe
  - Although the guidelines no longer include specific treatment target levels for LDL-cholesterol, over two thirds of physicians indicate that they will continue to monitor lipid parameters as they have been in the past, suggesting that lipid level will remain an important measure of treatment success

- **There is a diversity of opinion on the updated 10-year cardiovascular risk algorithm**
  - There has been debate about whether the new risk calculator accurately predicts or overstates 10-year cardiovascular risk
  - US physicians have diverse opinions on the new CV risk calculator – while a third of PCPs believe the new 10-year risk is *overestimated*, a quarter believe, in fact, that it is *underestimated*
  - Of note, physicians indicated that they don’t calculate the Framingham 10-year risk score for three quarters of patients for whom it is recommended. Instead of the score, physicians mostly rely on their own clinical judgment and lab tests
• Statin use is predicted to increase by a modest 5% in the next year, with a shift towards high intensity statins
  o Physicians indicate that they are already prescribing statins to most patients in the newly defined statin benefit groups.
  o Symphony Health Solutions predicts that the guidelines will increase the number of US adults on statins modestly, by ~5% in 1 year
    ▪ This is in stark contrast to the “doubling of statin use” that has been discussed in the lay press
  o We anticipate a shift towards more use of high intensity statins (i.e. atorvastatin 40-80mg, Crestor 20-40mg)

• Implications for PCSK9 inhibitors
  o PCSK9 inhibitors are a new class of monoclonal antibodies that seek to reduce cardiovascular risk by lowering LDL-cholesterol
  o On November 14, 2013 the FDA suggested that PCSK9 inhibitors may be approved by meeting the existing standards for approval rather than waiting to show cardiovascular risk reduction
  o This aligns with physician intent to prescribe PCSK9 inhibitors based on LDL-C lowering alone, but physicians expect that their use of the class may increase an additional 55%-60% if incremental cardiovascular risk reduction over high intensity statins is shown

The impact of these guidelines will continue to evolve in the coming months, while physicians and patients learn more about them. Symphony Health Solutions is uniquely positioned to help our clients keep a pulse on these important dynamics by integrating insights from our proprietary prescription and claims data, physician panels, and custom research.

Please contact Rishi Varma at Symphony Health Solutions Custom Research for the full details on this AlphaPulse study.

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