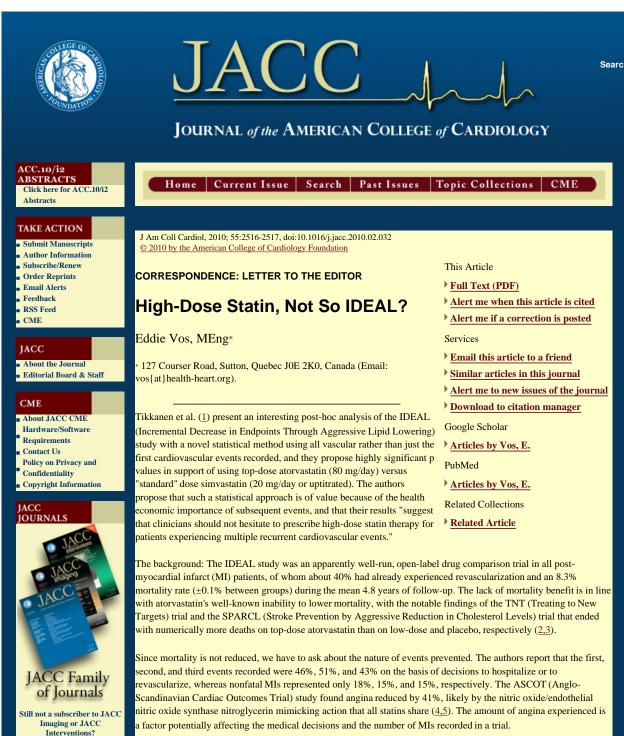
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ACCF/ACR/AHA /NASCI/SCMR 2010 Expert Consensus Document on Cardiovascular Magnetic Resonance Thus, we have to be careful including these softer end points, and since the authors bring up health economics, we should be aware that at the current (Vermont) retail prices of \$5 per pill for "high dose-statin" (Lipitor 80 mg and Crestor 20 mg), it would cost, as an example, from \$560,000 to \$1,160,000—slightly less in men, more in women—to prevent either a revascularization, stroke, or MI on the basis of the results of the recent JUPITER (Justification for the Use of Statins in Primary Prevention: An Intervention Trial Evaluating Rosuvastatin) primary prevention study (rosuvastatin 20 mg vs. placebo) (6). Even at the current Vermont price for generic lovastatin (\$0.78 for 20 mg), such costs, likely even in secondary prevention, may be many times those of an angioplasty, a hospitalization for angina, or the cost of a (not clearly defined nor quantified by Tikkanen et al. [1]) peripheral vascular disease event.

These drug costs call into question the benefit of statins, including high-dose statin, regarding health economic benefits. Therefore, could the authors comment on the health economic effects of their expanded end point analysis, and provide numbers needed to treat for individual end points, with confidence intervals?

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Total Cardiovascular Disease Burden: Comparing Intensive With Moderate Statin Therapy: Insights From the IDEAL (Incremental Decrease in End Points Through Aggressive Lipid Lowering) Trial

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J. Am. Coll. Cardiol. 2009 54: 2353-2357. [Abstract] [Full Text] [PDF]