Effect of Inhibition of Lipoprotein-Associated Phospholipase A₂ with Darapladib on Ischemic Events in Patients with Chronic Coronary Heart Disease: The STABILITY Trial

History: Increased levels of plasma lipoprotein-associated phospholipase A₂ (Lp-PLA₂) have been associated with increased risk of cardiovascular disease (CVD) and stroke. Inhibition of this proatherogenic enzyme may offer clinical benefit to patients with CVD when given in combination with the standard of care, including antiplatelet and lipid-lowering medications.

Questions to answer: Does inhibition of Lp-PLA₂ by darapladib provide clinical benefit for patients with chronic coronary heart disease (CHD)?

| Trial Design | Randomized, placebo-controlled, double-blind, multi-center, event-driven clinical trial; N=15,828
Randomization: Darapladib (160 mg) once daily vs placebo; given with standard therapy
F/U: Clinic visits at 1 month, 3 months, and every 6 months; median F/U = 3.7 years |
| Primary Endpoint | Time to first occurrence of any major adverse cardiovascular event (MACE; death due to a cardiovascular cause, nonfatal myocardial infarction or nonfatal stroke) |
| Trial Results Occurrence of MACE | Darapladib: 769 of 7924 patients (9.7%)
Placebo: 819 of 7904 patients (10.4%)
HR (95% CI) = 0.94 (0.85, 1.03), p = 0.199 |
| Take Away: Darapladib therapy, as part of the standard of care, did not produce significant clinical benefit in patients with chronic CHD. |