Announcement

Third International Symposium on Plasma High Density Lipoproteins and Atherosclerosis

March 4–6, 1992
Plaza San Antonio Hotel
San Antonio, Texas

Scientists, clinicians, and epidemiologists interested in the study of high density lipoproteins are invited to submit an application to attend. Registration is limited to 150 participants. The deadline for receipt of applications is November 1, 1991. Priority will be given to applicants with the greatest need for information provided at the symposium.

Session topics include

I. High density lipoproteins — gene regulation
II. Enzymes affecting high density lipoproteins
III. High density lipoprotein structure
IV. High density lipoproteins/cell interactions
V. Animal models/metabolism
VI. Reverse cholesterol transport/physiology
VII. Human metabolism/genetics
VIII. Drugs/hormones/epidemiology

The program will include poster sessions.

Further information may be obtained from the American Heart Association, Third International Symposium on Plasma High Density Lipoproteins and Atherosclerosis, Scientific and Corporate Meetings, 7320 Greenville Avenue, Dallas, TX 75231, Telephone 214-706-1772 Fax 214-373-3406

Sponsored by the Council on Arteriosclerosis

American Heart Association

Scientific Sessions

1991

Anaheim, California
November 11-14

1992

New Orleans, Louisiana
November 16-19

1993

Atlanta, Georgia
November 8-11

1994

Dallas, Texas
November 14-17
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CONTRAINDICATIONS

3 Patients developing unexplained syncope or syncope of cardiovascular origin should have Lorelco therapy discontinued and should have ECG surveillance with the appropriate interval during treatment. If an abnormally long QT interval in patients on Lorelco alone and in patients on Lorelco and a concomitant antiarrhythmic drug is obtained by ultracentrifugation, the drug should be withdrawn and both the patient and other patients receiving the same drug should be monitored. Prolongation of the QT interval can occur in patients on Lorelco. Serious arrhythmias have been seen in association with an abnormal QT interval. It is recommended that the drug be withdrawn and both the patient and other patients receiving the same drug are monitored.

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5 The use of Lorelco in patients receiving any of these drugs should be based on the conclusion that alternate methods of lowering serum cholesterol levels or eliminating risk factors are not available for the patient. It is not known whether the effect of Lorelco on serum cholesterol or triglyceride levels, or on LDL-cholesterol, can be established.

6 The following precautions are deemed prudent:

a. An increase in the dose of the drug
b. A decrease in the dose of the drug

7 The Lipid Research Clinics Coronary Primary Prevention Trial Results. Reduction in coronary heart disease incidence with a low-fat, prudent diet. JAMA 1984; 251:1515-1550

8 The subjects included in the study were middle-aged men (35-59 years old) with serum cholesterol levels at least 265 mg/dL and with no previous history of heart disease. It is not clear to what extent these findings can be extrapolated to other segments of the hypercholesterolemic population not studied.

9 The subjects included in the study were middle-aged men (35-59 years old) with serum cholesterol levels at least 265 mg/dL and with no previous history of heart disease. It is not clear to what extent these findings can be extrapolated to other segments of the hypercholesterolemic population not studied.

10 From studies in rats, dogs, and monkeys, it is known that probucol accumulates slowly in adipose tissue. Approximately 90% of the probucol administered orally is unabsorbed. For that which is absorbed, the biliary tract is the major pathway for clearance. Marked prolongation of the QT interval on ECG, syncope, ventricular arrhythmias (ventricular tachycardia, torsades de pointes, sudden death), and phentothiazines).

11 In December 1984, a National Institutes of Health Consensus Development Conference Panel concluded that lowering definitely established or strongly suspected cardiovascular risk factors reduces the risk of cardiovascular disease in a homozygous population. The effect of reducing serum cholesterol or triglyceride levels, or on LDL-cholesterol, can be established.

12 Probufol was administered to monkeys beginning ten days before ligation of coronary artery and continued for 60 days after ligation. No fatalities were detected in these monkeys over an eight-year period of continuous drug administration. In another study in rhesus monkeys, reduction of plasma cholesterol levels was obtained in 60% of animals. Other plasma lipids were unchanged. In a parallel group of rhesus monkeys, plasma cholesterol levels in the probucol-treated dogs (beagles), there were 12 fatalities. The subjects included in the study were middle-aged men (35-59 years old) with serum cholesterol levels at least 265 mg/dL and with no previous history of heart disease. It is not clear to what extent these findings can be extrapolated to other segments of the hypercholesterolemic population not studied.

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14 Clinical pharmacology, Mutagenesis, Impairment of Fertility

Drug Interactions: The addition of probucol to Lorelco is not recommended, since the lowering effect on mean serum levels of patients is generally not significant and, in some patients, there may be a pronounced lowering effect on the therapeutic levels of some drugs. Neither oral hypoglycemic agents nor oral anticoagulants alter the effect of Lorelco on serum cholesterol. The dosage of these agents is not usually modified when given with Lorelco.

REFERENCES


Lowering Cholesterol is Important...

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Long-term Efficacy of Lorelco Demonstrated in Combined Studies of 117 Patients Followed Over a 12-Year Period

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Excellent Patient Compliance

- Well tolerated and convenient; one 500-mg tablet bid with meals

Lorelco® is indicated for the reduction of elevated serum cholesterol in patients with primary hypercholesterolemia, as an adjunct to diet.

Lorelco® is not an innocuous drug, and strict attention should be paid to the Indications, Contraindications, Warnings, and Precautions sections of prescribing information.

*The effect of probucol-induced reduction of serum cholesterol or triglyceride levels or reduction of HDL-cholesterol levels on morbidity and mortality due to coronary heart disease has not been established.

Data on file. Marion Merrell Dow Inc., Kansas City, MO 64114
See adjacent prescribing information.