

JUPITER Clinical Directions — Polling Results

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In November 2008, we published the results of the Justification for the Use of Statins in Primary Prevention: an Intervention Trial Evaluating Rosuvastatin (JUPITER; ClinicalTrials.gov number, NCT00239681),¹ along with a new online Clinical Directions interactive feature that allowed readers to vote and comment on two questions related to this major trial. We asked whether the results of JUPITER should change the approach to laboratory screening of apparently healthy adults or the therapeutic use of statins in apparently healthy adults.

Over 18 days, 2553 people voted, and the votes were split almost evenly between the two choices. In all, 49% of the respondents felt that the JUPITER results should change how we screen healthy adults, whereas 51% felt that the practice should not change. For the second question, 48% of respondents indicated that the therapeutic use of statins should be changed, whereas 52% disagreed with that statement.

Nearly all the 473 comments posted were from practicing physicians (85%), a quarter of whom were cardiologists. We also received opinions from medical students, residents or trainees, and other health care professionals. The responses came from readers around the globe, with 56% of the comments from those outside the United States. In total, 66 countries were represented, with Brazil, Canada, India, and the United Kingdom notable as sites of frequent commentary.

Although responses varied, they tended to reflect two broad groups of respondents. The first consisted of respondents who believe that the results of JUPITER should change practice, expressing the view that the study adds to the growing body of literature on the therapeutic benefit of statins and the clinical usefulness of the measurement of C-reactive protein as a marker of inflammation. The second group raised several questions about the trial's findings, including the large number of patients who need to be treated to prevent one clinical event, the cost of medications (in the absence of clear evidence that a generic statin would give the same benefit), the underlying health of the patients, the risk of new-onset diabetes, and the early termination of the study. There were many who expressed concern about the effect of the pharmaceutical industry on the results of the trial, as well as a large number who felt it imperative to wait for confirmatory studies before changing practice.

We thank the readers who took the time to vote in this poll and to post comments for others to read. The overall response suggests that you find the practice useful, and we will be offering similar surveys from time to time in the future.

1. Ridker PM, Danielson E, Fonseca FAH, et al. Rosuvastatin to prevent vascular events in men and women with elevated C-reactive protein. *N Engl J Med* 2008;359:2195-207.

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