



PRESS RELEASE

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HEART RATE LOWERING DRUG DRAMATICALLY REDUCES HEART ATTACKS AND NEED FOR VASCULAR SURGERY IN ANGINA PATIENTS, MAJOR STUDY RESULTS SHOW

MONTREAL HEART INSTITUTE LEAD INVESTIGATOR PRESENTS RESULTS

AT CANADIAN CARDIOVASCULAR CONGRESS IN EDMONTON

Montreal, October 28, 2009 – Dramatic reductions in hospitalization for heart attacks and in the need for revascularization surgery were achieved in angina patients treated with the selective heart rate reduction medication ivabradine on top of current standard treatment, according to results of a major clinical study presented today at the 2009 Canadian Cardiovascular Congress in Edmonton.

Results of a new sub-analysis of the BEAUTifUL study were presented by the Canadian national coordinator, Dr. Jean-Claude Tardif, director of the Montreal Heart Institute Research Centre and professor of medicine at the Université de Montréal. They show that the risk of hospitalization for heart attack was reduced by 42% in angina patients treated with ivabradine in addition to conventional treatment, compared to those given placebo plus conventional treatment. In those patients whose heart rate at the start of the study was high (greater than 70 beats per minute), there was a 73% reduction in hospitalization for heart attack. The need for coronary revascularization surgery was also reduced in patients receiving ivabradine, decreasing by 30% in all angina patients and by 59% in those with a high initial heart rate.

Overall, the study showed that treatment of angina patients with ivabradine reduced the risk of cardiovascular death, hospitalization for heart attack or new or worsening heart failure by 24% in all angina patients and by 31% in those with an initial high heart rate. The study included 1,507 patients with angina, of whom 734 received ivabradine and 773 placebo in addition to conventional treatment. Of these, 712 across both groups had an initial high heart rate. Patients were followed for a median time of 18 months.

“These are important new results that increase our understanding of how lowering heart rate with ivabradine can not only treat angina, but also potentially play a major role in reducing subsequent major cardiovascular events,” said Dr. Tardif. “This could have important implications in our future treatment of angina patients and prevention of major complications, for the benefit of patients and the healthcare system.”

Ivabradine is not yet available for clinical use in Canada.

About the BEAUTifUL study

The BEAUTifUL study is a major international study evaluating the use of the new I_f inhibitor ivabradine in reducing cardiovascular events in patients with coronary artery disease (CAD) receiving current preventative therapy. It is the first trial to assess the cardiovascular benefits of selective heart rate reduction in coronary patients, over and above conventional treatment. It enrolled 10,917 patients at 781 centres in 33 countries, including Canada. The first results from the study were presented in 2008, showing that in CAD patients with a high heart rate (70 or more beats per minute) treatment with ivabradine significantly reduces important coronary events such as heart attack (by 36%) and the need for coronary revascularization (by 30%). The study is funded by Servier, France’s leading independent pharmaceutical company.

About Coronary Artery Disease

Coronary artery disease (CAD) is the most common manifestation of cardiovascular disease. It refers to the hardening and shrinking of the coronary arteries (atherosclerosis) which leads to diminished blood flow and reduces oxygen supply to the heart muscle (ischemia). The lack of oxygen supply to the heart muscle may cause angina (heart pain). If the coronary artery becomes completely blocked, a whole section of the heart muscle is deprived of oxygen and dies, resulting in a myocardial infarction (MI) or heart attack. Coronary artery disease is a progressive silent disease that very often is unobserved until the first symptoms of ischemia or MI occur. Although the prognosis of patients with CAD has been greatly improved by advances in cardiovascular treatment, it is still the first cause of death.

Cardiovascular disease accounts for the death of more Canadians than any other disease, causing, on average, one death in Canada every seven minutes. According to the latest statistics available from Statistics Canada, in 2004 cardiovascular disease accounted for close to one third of all deaths in Canada (more than 72,000 deaths).

Heart rate and CAD

Heart rate is a major determinant of oxygen consumption and can precipitate most episodes of ischemia, both symptomatic and silent. Consequently, lowering the heart rate in patients with CAD reduces the heart's need for oxygen. A number of epidemiological studies have shown that heart rate is a strong and independent predictor of cardiovascular events in a wide range of patients, including those with CAD and post-myocardial infarction. This risk seems to become particularly evident with heart rate above 70 beats per minute (bpm). Results of the BEAUTIfUL study announced in 2008 also showed that coronary patients with associated left ventricular dysfunction who have a heart rate more than 70 bpm are at significantly higher risk of cardiovascular death, heart attack and heart failure, independent of all other risk factors or concomitant treatments.

About the Montreal Heart Institute

Founded in 1954 by Dr. Paul David, the Montreal Heart Institute constantly aims for the highest standards of excellence in the cardiovascular field through its leadership in prevention, ultra-specialized care, training of professionals, clinical and fundamental research, and assessment of new technologies. It is affiliated with the Université de Montréal and its clinical outcomes are among the best in the world.

The MHI Research Centre began its work in 1976, and major achievements have occurred since its creation. Today, there are some 625 employees, students and researchers at the MHI Research Centre. Its outstanding feature is the balance it achieves between basic research, clinical research and clinical care. Its prime focus areas of research are vascular disease, myocardial function, and electrophysiology. MHI researchers also contribute to the advancement of knowledge and medical applications in the fields of genomics (notably, genetics and pharmacogenomics), biomarkers, and preventive cardiology.

To learn more about the Montreal Heart Institute, please visit our website at www.icm-mhi.org

About the Université de Montréal

Deeply rooted in Montreal and dedicated to its international mission, the Université de Montréal is one of the top universities in the world, particularly in the French-speaking world. Founded in 1878, the Université de Montréal now has 13 faculties and, together with its two affiliated schools, HEC Montréal and École Polytechnique, constitutes the largest centre for higher education and research in Québec, the second largest in Canada, and one of the major centres in North America. It brings together some 2,500 professors and researchers, accommodates over 55,000 students, offers more than 650 programs at all academic levels, and awards some 3,000 Master's and PhD diplomas every year.

- 30 -

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