

Supplementary material

LDL-cholesterol goal attainment with ezetimibe and bempedoic acid in patients at high and very-high cardiovascular risk: A simulation study in the Italian cohort of the SANTORINI study

 **Marcello Arca**¹,  **Angela Pirillo**²,  **Rosanna Gambacurta**³,  **Christian Becker**⁴,
Françoise Diamand⁴,  **Kausik K. Ray**⁵,  **Alberico L. Catapano**⁶

¹Department of Translational and Precision Medicine, “Sapienza”, University of Rome, Rome, Italy

²Center for the Study of Atherosclerosis, E. Bassini Hospital, Cinisello Balsamo, Milan, Italy

³Daiichi Sankyo Italia S.p.A., Medical Affairs, Rome, Italy

⁴Daiichi Sankyo Europe GmbH, Munich, Germany

⁵Imperial Centre for Cardiovascular Disease Prevention, ICTU-Global, Imperial College London, London, United Kingdom

⁶IRCCS MultiMedica, Milan, Italy, and Department of Pharmacological and Biomolecular Sciences, University of Milan, Milan, Italy

Table S1 | Clinical characteristics of the Italian SANTORINI cohort selected for the simulation.

Baseline characteristics	Italy (N=1344) Whole cohort		Italy (N=1234) Very-high-risk cohort		Italy (N=110) High-risk cohort	
	N	%	N	%	N	%
Score, mean (SD)	4.2	3.3	4.7	3.3	3.1	3.0
Very high risk (ESC/EAS guidelines)	1234	91.8%	1234	100%	0	0%
High risk (ESC/EAS guidelines)	110	8.2%	0	0%	110	100%
MI	617	45.9%	617	50.0%	0	0
Unstable angina	153	11.4%	153	12.4%	0	0
CABG	173	12.9%	173	14.0%	0	0
PTCA	760	56.5%	760	61.6%	0	0
CAD	936	69.6%	936	75.9%	0	0
CAD unequivocal imaging	557	41.4%	557	45.1%	0	0
Stroke	61	4.5%	61	4.9%	0	0
TIA	57	4.2%	57	4.6%	0	0
PAD	284	21.1%	284	23%	0	0
PAD unequivocal on imaging	123	9.2%	123	10%	0	0
Cerebrovascular disease	120	8.9%	120	9.7%	0	0
Cerebrovascular disease unequivocal on imaging	50	3.7%	50	4.1%	0	0
Familial hypercholesterolaemia	229	17.0%	181	14.7% %	48	43.6%

SD: standard deviation; ESC/EAS: European Society of Cardiology/European Atherosclerosis Society; CABG: coronary artery bypass graft; PTCA: percutaneous transluminal coronary angioplasty; CAD: coronary artery disease; TIA: transient ischemic attack; PAD: peripheral artery disease.

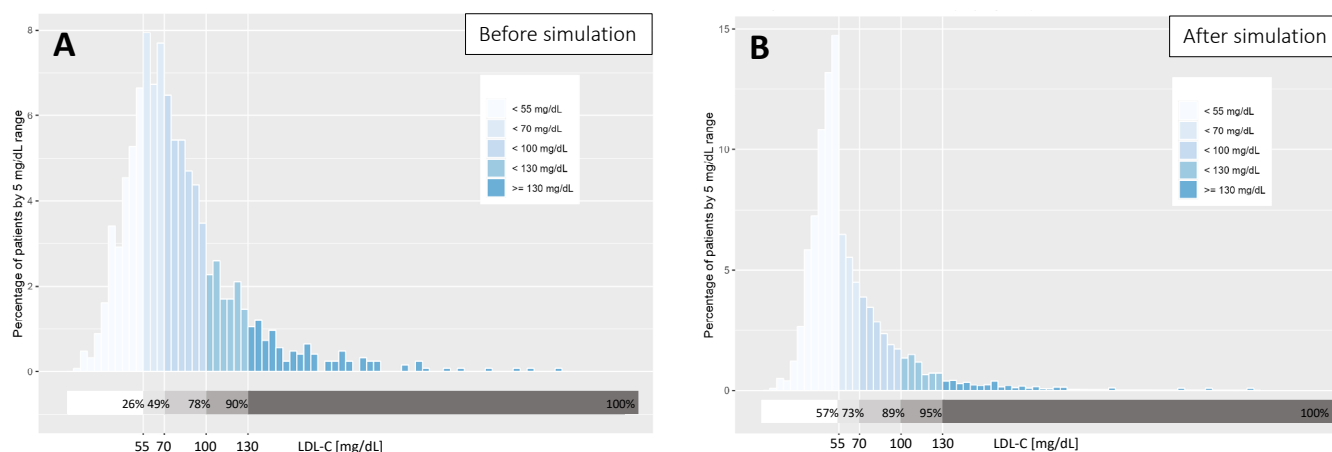
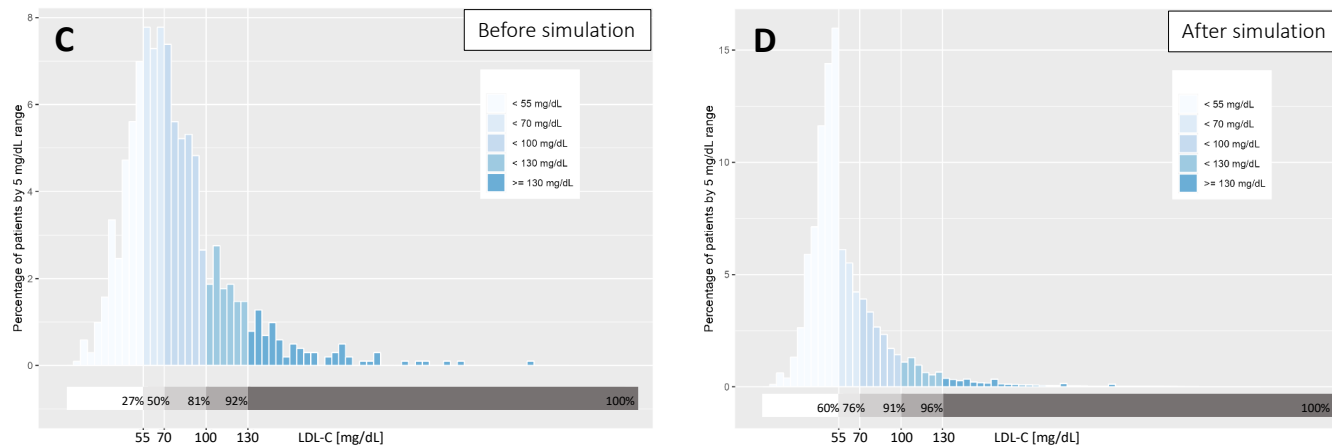
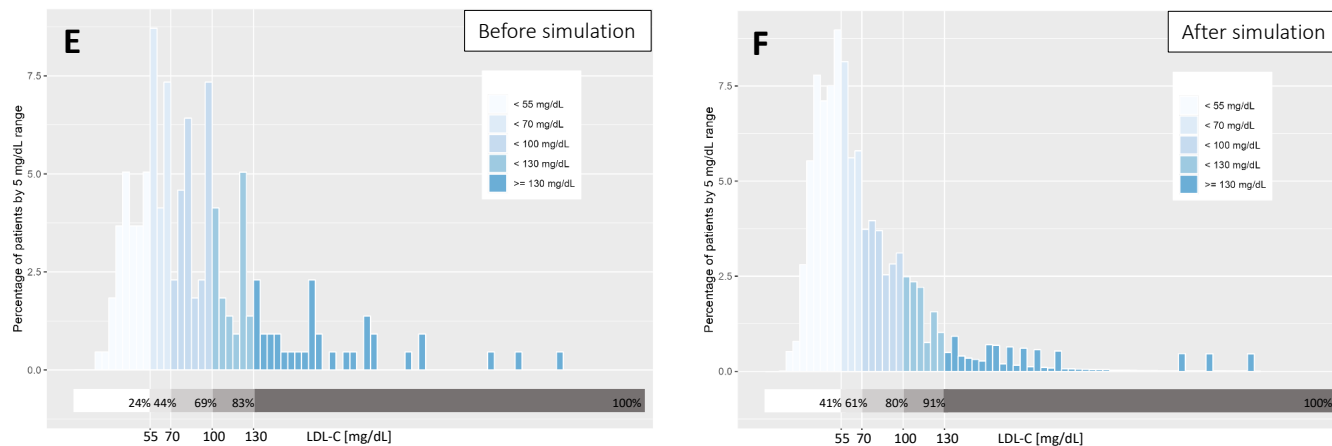
Very-high-risk cohort (N=1234)**Medium/high-intensity statin subgroup (N=1016)****No statin/low-intensity statin subgroup (N=218)**

Figure S1 | LDL-C distribution before and after the simulation in very-high-risk patients (A, B), in the subgroup with no/low-dose statin (C, D) and in the subgroup with medium/high-dose statin (E, F).

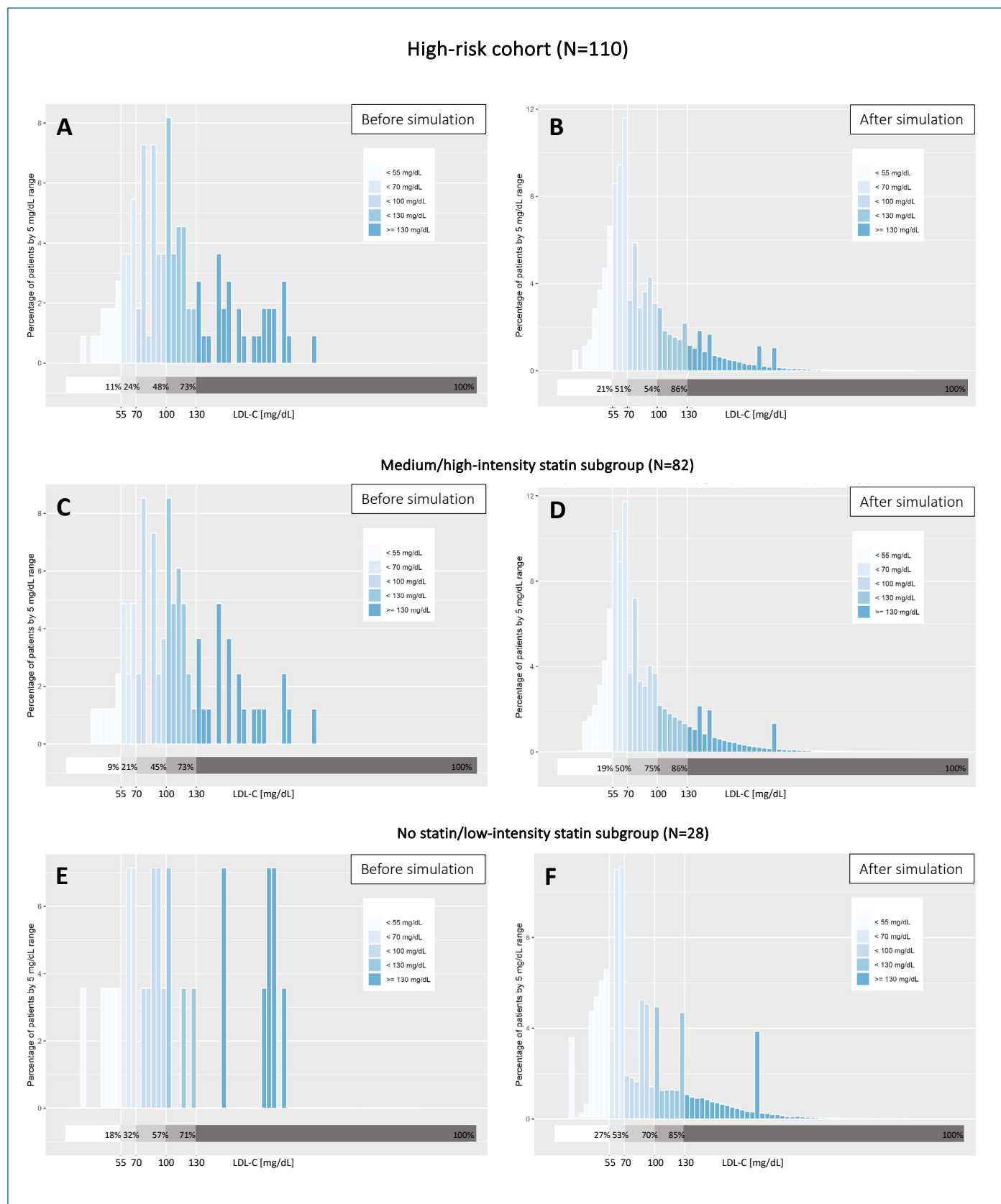


Figure S2 | LDL-C distribution before and after the simulation in high-risk patients (A, B), in the subgroup with no/low-dose statin (C, D) and in the subgroup with medium/high-dose statin (E, F).

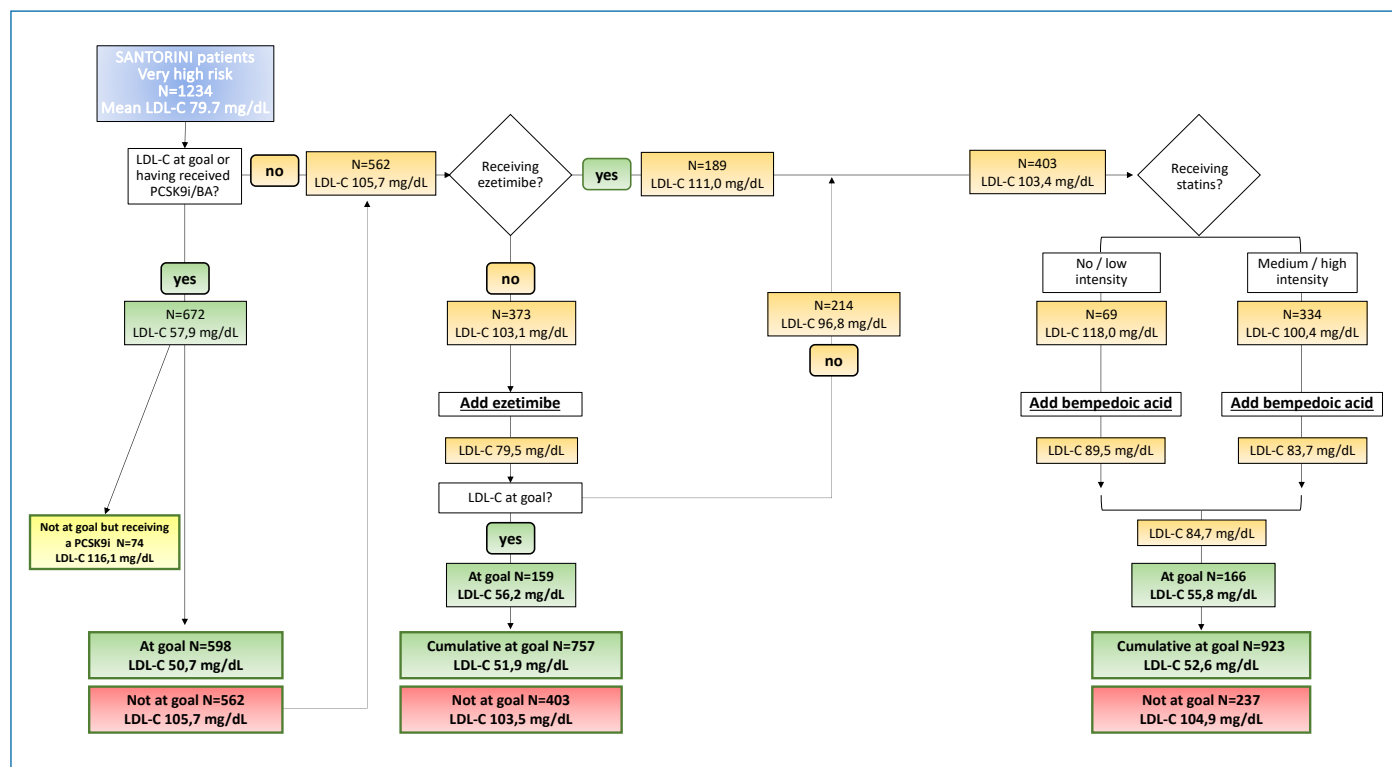


Figure S3 | Application of the simulation algorithm in the very-high-risk subgroup (N=1234) of the Italian cohort of the SANTORINI study; results were obtained using the LDL-C goals currently in place in Italy (<70 mg/dL).

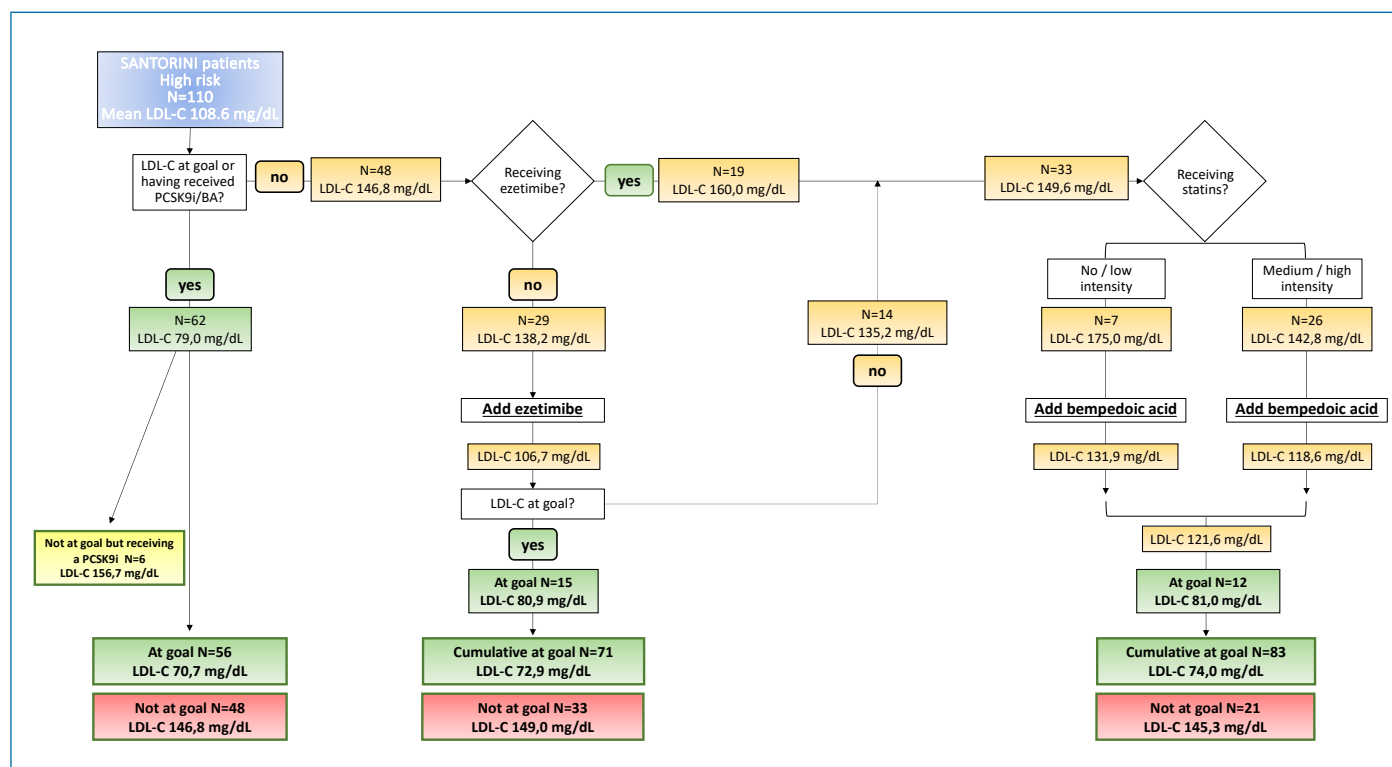


Figure S4 | Application of the simulation algorithm in the high-risk subgroup (N=110) of the Italian cohort of the SANTORINI study; results were obtained using the LDL-C goals currently in place in Italy (<100 mg/dL)