<JS2-4>

# Impact of Pemafibrate for the Management of Dyslipidemia

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Atherogenic dyslipidemia is associated with visceral obesity, type 2 diabetes and chronic kidney disease and with the development of atherosclerotic cardiovascular disease. Therefore, it is important to manage dyslipidemia. Clinical guidelines recommend the use of statins to reduce the risk in patients with atherogenic dyslipidemia. However, risk still remains after statin treatment, especially in high-risk patients. To reduce the residual risk, addition of non-statin therapy is recommended. Recently, a novel selective PPARα modulator (SPPARMα), pemafibrate has been developed and is anticipated to address safety concerns commonly associated with currently available PPARα agonists such as hepatic and renal dysfunction, especially in combination with statins. The favorable safety profile of pemafibrate, with fewer adverse effects on kidney/liver-related laboratory tests and fewer adverse events, including those leading to treatment discontinuation, may justify the use of this novel and potent treatment option for reducing triglyceride levels in a broader range of patients. To evaluate the safety and efficacy of pemafibrate for the treatment of residual hypertriglyceridemia in patients treated with statins, we conducted clinical trials and demonstrated the efficacy and safety of pemafibrate in combination with statin therapy in patients with dyslipidemia who had persistently elevated fasting triglyceride levels as residual cardiovascular risk despite statin therapy. We found safer profiles of pemafibrate compared to fenofibrate regardless of concomitant use of a statin. These findings suggest that pemafibrate could address unmet medical needs for the treatment of residual cardiovascular risk.