Understanding Cardiovascular Clinical Trials

The Shifting Cardiovascular Landscape

Cardiovascular disease is the most common cause of mortality and represents nearly 1/3 of deaths globally, demanding new approaches for disease prevention and control.¹

As cardiovascular medicines have become more effective and new regulatory and safety mandates have been enacted, increased clinical evidence is needed to support new advances, requiring increased size, scope and complexity of cardiovascular clinical trials.²

Clinical Trials in Cardiovascular Disease

Most cardiovascular diseases are chronic and require long-term treatment. Trials that demonstrate clinical risk reduction are typically longer in duration, will require a higher number of patients, and may require more complexity to account for the changing treatment landscape and to appropriately assess safety.² ³

Prevention trials involve healthy people at high risk for developing cardiovascular disease or who have had cardiovascular disease and are at high risk for experiencing a new vascular event. This is in contrast to clinical trials studying potential new treatments where all participants are diagnosed with the condition.

In a cardiovascular prevention trial, a high number of patients are enrolled as most will not experience an event. These trials often include a background therapy, so trials must demonstrate additional effect.

A Need for New Innovation

Due in part to the large investment required to run these complex trials, the number of cardiovascular drugs researched has declined across all phases of development in the last 20 years. In the last five years, cardiovascular agents comprised just 6% of all new drug launches.⁴ However, cardiovascular disease remains the number one cause of death globally and this patient population faces significant unmet needs.

Rooted in a long-term commitment to patients with cardiovascular disease, Bristol-Myers Squibb is contributing to cardiovascular research by investing in clinical trials with the goal of delivering transformational patient outcomes.

References: