

Red Wine Tied to Lower Colorectal Cancer Risk

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LAS VEGAS — Drinking red wine more than three times a week was associated with a 68% reduction in risk of significant colorectal neoplasia in a study of 1,625 people undergoing screening colonoscopy, New York researchers reported at the annual meeting of the American College of Gastroenterology.

Because such a reduction was not seen

in white-wine drinkers, Dr. Joseph C. Anderson and his associates at the State University of New York at Stony Brook speculated that the high resveratrol content of red wine might explain the finding.

A multivariate analysis that controlled for smoking, age, and other potentially confounding factors explored differences in significant colorectal neoplasia (villous tissue, high-grade dysplasia, large tubular adenomas, or more than two adenomas of any size) in 68 regular white-wine drinkers,

176 regular red-wine drinkers, and 1,381 abstainers (or infrequent wine drinkers).

Significant neoplasia was found in 9.9% of the abstainer/low wine consumption group, 8.8% of regular white-wine drinkers, and 3.4% of regular red-wine drinkers, for a 68% reduction in risk among those who regularly drank red wine.

In a second study of 2,536 patients, the researchers found evidence of neoplasia in 17.4% of men who currently smoked, 8.5% of those who had never smoked, and

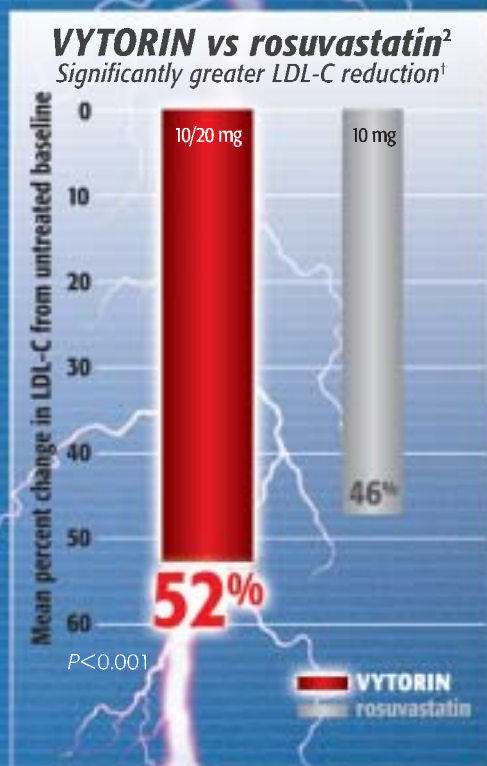
9.2% of low-exposure or historical smokers. Neoplasia was seen in 11.5% of women who currently smoked, 8.2% of those who had never smoked, and 6.4% of those who had a low or historical exposure to cigarettes.

Among current smokers, the odds ratio for having significant colorectal neoplasia was similar in men (1.92) and women (2.13).

Smoking may deserve consideration as a notable risk factor in screening guidelines, Dr. Anderson said. ■

enough, in 2 separate head-to-head studies

VYTORIN provide that atorvastatin 50%^{1,2,3} at a usual starting dose^{1,2,3} mean LDL-C reduction



➤ VYTORIN 10/40 mg lowered LDL-C more than rosuvastatin 20 mg (55% vs 52%, *P* = 0.001).²

➤ VYTORIN 10/80 mg lowered LDL-C more than rosuvastatin 40 mg (61% vs 57%, *P* < 0.001).²

[†] Data from a multicenter, randomized, double-blind, active-controlled, 6-arm, parallel-group study designed to evaluate the efficacy and safety of VYTORIN vs rosuvastatin over a 6-week period. Patients with hypercholesterolemia (*N* = 2,959) were randomized to 1 of 6 treatment groups: VYTORIN 10/20, 10/40, or 10/80 mg or rosuvastatin 10, 20, or 40 mg. Mean baseline LDL-C level for both VYTORIN 10/20 mg and rosuvastatin 10 mg was 172 mg/dL.²

SELECTED CAUTIONARY INFORMATION (cont)

The concomitant use of VYTORIN and fibrates (especially gemfibrozil) should be avoided. Although not recommended, the dose of VYTORIN should not exceed 10/10 mg if used with gemfibrozil. The benefit of further alterations in lipid levels by the combined use of VYTORIN with niacin should be carefully weighed against the potential risks of myopathy. The dose of VYTORIN should not exceed 10/10 mg daily in patients receiving cyclosporine or danazol, and 10/20 mg daily in patients receiving amiodarone or verapamil.

Liver: It is recommended that liver function tests be performed before the initiation of treatment and thereafter when clinically indicated. Additional tests are recommended prior to and 3 months after titration to the 10/80-mg dose, and semiannually for the first year thereafter.

VYTORIN is not recommended in patients with moderate or severe hepatic insufficiency.

In clinical trials, the most commonly reported side effects, regardless of cause, included headache (6.8%), upper respiratory tract infection (3.9%), myalgia (3.5%), influenza (2.6%), and extremity pain (2.3%).

Please read the brief summary of Prescribing Information on the adjacent page.

References: 1. Ballantyne CM, Abate N, Yuan Z, King TR, Palmisano J. Dose-comparison study of the combination of ezetimibe and simvastatin (Vytorin) versus atorvastatin in patients with hypercholesterolemia: the Vytorin Versus Atorvastatin (VVA) Study. *Am Heart J*. 2005;149:464-473. 2. Catapano AL, Davidson MH, Ballantyne CM, et al. Lipid-altering efficacy of the ezetimibe/simvastatin single tablet versus rosuvastatin in hypercholesterolemic patients. *Curr Med Res Opin*. 2006;22:2041-2053. 3. IMS HEALTH, NPA PlusSM, NRx, July 2006.

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VYTORIN
(ezetimibe/simvastatin)
tablets