Tafamidis Phase 3 Transthyretin Amyloid Cardiomyopathy (ATTR-ACT) Study Results Presented as Late-Breaking Data at the ESC Congress 2018

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ATTR-ACT Showed that Tafamidis Significantly Reduced the Combination of All-cause Mortality and Cardiovascular-related Hospitalizations Data Showed a 30% Reduction in the Risk of Mortality and 32% Reduction in the Rate of Cardiovascular-related Hospitalizations with Tafamidis in People with Transthyretin Amyloid Cardiomyopathy versus Placebo

NEW YORK--(BUSINESS WIRE)--Pfizer Inc. (NYSE:PFE) announced today the primary results from the Tafamidis Phase 3 Transthyretin Cardiomyopathy (ATTR-ACT) study, which showed tafamidis significantly reduced the hierarchical combination of both all-cause mortality and frequency of cardiovascular-related hospitalizations compared to placebo over a 30-month period (P=0.0006) in patients with wild-type or variant (hereditary) transthyretin amyloid cardiomyopathy (ATTR-CM).1 ATTR-CM is a rare, fatal, and underdiagnosed condition associated with progressive heart failure for which there are no approved pharmacologic treatments.2,3

The late-breaking findings were presented during Hot Line Session 3 at the ESC Congress 2018 in Munich, Germany and simultaneously published online in the New England Journal of Medicine (NEJM).

“We believe the ATTR-ACT study findings bring us a significant step closer to our goal of providing an urgently needed therapy for a serious and often fatal disease,” said Brenda Cooperstone MD, Senior Vice President and Chief Development Officer, Rare Disease, Pfizer Global Product Development. “We look forward to continuing discussions with global regulatory authorities about the potential of tafamidis as a treatment option for people living with ATTR-CM.”

The ATTR-ACT study showed tafamidis significantly reduced all-cause mortality (29.5% vs. 42.9%; hazard ratio = 0.70, 95% confidence interval [CI] 0.51-0.96, P=0.0259) and cardiovascular-related hospitalizations (0.48 vs 0.70 annualized rate; relative risk ratio = 0.68, 95% CI 0.56-0.81, P

Pfizer Inc.Media Relations:Neha Wadhwa, 212-733-2835 Neha.Wadhwa@pfizer.com orInvestors:Chuck Triano, 212-733-3901 Charles.E.Triano@pfizer.com