**Reduction in cardiovascular events with icosapent ethyl in patients with diabetes and prior CABG: REDUCE-IT Diabetes-Prior CABG**

**Aim:** Effects of icosapent ethyl (IPE) on cardiovascular (CV) risk in patients with diabetes mellitus (DM) and history of coronary artery bypass grafting (CABG) are unknown.

**Methods:** In REDUCE-IT, statin-treated patients with mild to moderate hypertriglyceridemia were randomized to IPE 4 g daily or PBO. There were significant risk reductions of composite efficacy endpoints: primary (CV death, myocardial infarction, stroke, coronary revascularization, or hospitalization for unstable angina) and key secondary (CV death, myocardial infarction, or stroke). This post hoc analysis examined the subgroup with DM and history of CABG at baseline.

**Results:** Of 8179 patients randomized, 799 had history of DM with prior CABG, with 387 patients randomized to IPE and 412 to PBO. IPE treatment yielded a significant reduction in the primary (HR 0.72; 95% CI 0.56-0.93; *P*=0.01) and key secondary (HR 0.59; 95% CI 0.43-0.80; *P*=0.0007) endpoints, compared with PBO. Absolute risk reduction was 7.9% and 9.4% with a number needed to treat of 13 and 11, for the primary and key secondary endpoints, respectively, during median follow-up of 4.6 years (Figure).

**Conclusion:** Among REDUCE-IT patients with history of DM and CABG at baseline, IPE treatment was associated with significant reductions in CV events.

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