SUPPLEMENTAL MATERIAL

Table S1. Phase 3 Trials With Evolocumab Included in the Study Cohort.

Study Name	N	Trial Population	Background Lipid Therapy	Treatment Arms
MENDEL-2[1]	614	FH and NFH, low CV risk	None	Placebo (n=154) Ezetimibe (n=154) Evolocumab 140 mg Q2W (n=153) Evolocumab 420 mg QM (n=153)
LAPLACE-2[2]	1896	FH and NFH	Statins*	Placebo (n=558) Ezetimibe (n=221) Evolocumab 140 mg Q2W (n=555) Evolocumab 420 mg QM (n=562)
GAUSS-2[3]	307	Intolerant to ≥2 statins† FH and NFH ≥NCEP ATP III LDL-C goal	Non-ezetimibe lipid-lowering therapy‡	Ezetimibe (n=102) Evolocumab 140 mg Q2W (n=103) Evolocumab 420 mg QM (n=102)
RUTHERFORD-2[4]	329	HeFH	Statin (± ezetimibe)	Placebo (n=109) Evolocumab 140 mg Q2W (n=110) Evolocumab 420 mg QM (n=110)

CV indicates cardiovascular; FH, familial hypercholesterolemia; HeFH, heterozygous familial hypercholesterolemia; LDL-C, low-density lipoprotein cholesterol; NCEP ATP III, National Cholesterol Education Program Adult Treatment Panel III; NFH, nonfamilial hypercholesterolemia; Q2W, every 2 weeks; QM, monthly.

*Patients randomized to 1 of 5 background statin doses: moderate intensity (atorvastatin 10 mg, simvastatin 40 mg, or rosuvastatin 5 mg daily) or high intensity (atorvastatin 80 mg or rosuvastatin 40 mg daily).

†Intolerance defined as inability to tolerate any statin dose or increase in dose above the smallest tablet strength because of intolerable muscle-related side effects.

‡At screening, low or atypical dose of statin permitted: weekly doses of ≤70 mg atorvastatin; ≤140 mg simvastatin, pravastatin, lovastatin; ≤35 mg rosuvastatin; ≤280 mg fluvastatin.

Supplemental References:

1. Koren MJ, Lundqvist P, Bolognese M, Neutel JM, Monsalvo ML, Yang J, Kim JB, Scott R, Wasserman SM, Bays H, MENDEL-2 Investigators. Anti-PCSK9 monotherapy for hypercholesterolemia: the MENDEL-2 randomized, controlled phase III clinical trial of evolocumab. *J Am Coll Cardiol*. 2014;63:2531-2540.
2. Robinson JG, Nedergaard BS, Rogers WJ, Fialkow J, Neutel JM, Ramstad D, Somaratne R, Legg JC, Nelson P, Scott R, Wasserman SM, Weiss R, LAPLACE-2 Investigators. Effect of evolocumab or ezetimibe added to moderate- or high-intensity statin therapy on LDL-C lowering in patients with hypercholesterolemia: the LAPLACE-2 randomized clinical trial. *JAMA*. 2014;311:1870-1882.
3. Stroes E, Colquhoun D, Sullivan D, Civeira F, Rosenson RS, Watts GF, Bruckert E, Cho L, Dent R, Knusel B, Xue A, Scott R, Wasserman SM, Rocco M, GAUSS-2 Investigators. Anti-PCSK9 antibody effectively lowers cholesterol in patients with statin intolerance: the GAUSS-2 randomized, placebo-controlled phase 3 clinical trial of evolocumab. *J Am Coll Cardiol*. 2014;63:2541-2548.
4. Raal FJ, Stein EA, Dufour R, Turner T, Civeira F, Burgess L, Langslet G, Scott R, Olsson AG, Sullivan D, Hovingh GK, Cariou B, Gouni-Berthold I, Somaratne R, Bridges I, Scott R, Wasserman SM, Gaudet D, RUTHERFORD-2 Investigators. PCSK9 inhibition with evolocumab (AMG 145) in heterozygous familial hypercholesterolaemia (RUTHERFORD-2): a randomised, double-blind, placebo-controlled trial. *Lancet*. 2015;385:331-340.