

**Summary: A research study to compare the effects of statins on urinary protein excretion in hypercholesterolaemic non-diabetic patients with moderate proteinuria.**

**Inclusion Criteria**

- Male or female aged  $\geq 18$  years
- Fasting LDL-C levels
  - $\geq 90$  if patient has not taken statins
  - $\geq 60$  if patient has taken statins
- Proteinuria diagnosis
- Stable and individually optimized treatment with hypertension medication prior to beginning study
- Blood pressure not to exceed 150 mmHg systolic and/or 95 mmHg diastolic

**Exclusion Criteria**

- History of statin intolerance
- Previous Crestor (rosuvastatin) within 6 months of entering the study
- Pregnant women, women who are breast feeding, and women of childbearing potential who are not using chemical or mechanical contraception or have a positive serum pregnancy test
- Patients having one or more of the following events within 12 weeks of entering the study.
  1. a myocardial infarction, unstable angina, myocardial revascularization (percutaneous transluminal coronary angioplasty, coronary artery bypass graft surgery or another revascularization procedure) or a transient ischemic attack (TIA) or stroke
- Moderate to severe congestive cardiac failure
- Patients awaiting a planned myocardial revascularization prior to starting the study
- Type I or II diabetes
- Unexplained creatine kinase (CK)  $> 2 \times$  ULV at Visits 1 and 3 (*because of the potential for statins to cause myopathy and to avoid confounding the safety profile*)
- Patients whose hormone replacement therapy (HRT) or oral contraceptive therapy (OCT) was initiated or changed within the 3 months prior to starting the study
- Asian ethnicity (*because of the altered pharmacokinetics. A rise in plasma concentration with high dose of rosuvastatin in Asian patients with chronic kidney disease is not appropriate.*)
- Underlying renal disease attributed to autosomal dominant polycystic kidney disease, primary idiopathic interstitial nephritis, HIV (human immunodeficiency virus) nephropathy or ischemic renal disease due to bilateral renal artery stenosis or unilateral renal artery stenosis in a single kidney
- Statin therapy after Visit 1. Patients may be either statin naïve or have undergone statin withdrawal at Visit 1 (*to prevent confounding the study results because of potential carry over effects of statin on renal function and cholesterol levels*).

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