

On September 11, the United States National Heart, Lung and Blood Institute (NHLBI) announced the early termination of the Systolic Blood Pressure Intervention Trial (SPRINT) upon recommendation of its data safety monitoring board. In its press release, the NHLBI indicated that this was justified by the interim finding that the study intervention (treatment titration to a target systolic BP of less than 120 mmHg compared to a conventional target of less than 140 mmHg) reduced the rates of cardiovascular events, such as heart attack, heart failure and stroke by almost a third, and the risk of death by almost a quarter.

The early termination of this Landmark trial represents an exciting moment in the history of hypertension treatment. SPRINT was a large trial that enrolled 9,361 high-risk hypertensive patients aged 50 years or older with a systolic BP of 130-180 mm Hg and on up to 4 BP medications. In addition, they had at least one risk factor for cardiovascular events, such as the presence of clinical or subclinical cardiovascular disease, chronic kidney disease (CKD) [eGFR 20-59 ml/min/1.73m²], a Framingham 10-year risk score $\geq 15\%$, or age ≥ 75 years. It excluded patients with diabetes, a previous stroke, congestive heart failure (symptoms or left ventricular EF $< 35\%$), proteinuria > 1 g/day or glomerular filtration rate < 20 ml/min/1.73m². The study enrolled subjects from 2010 thru 2013 and was planned to last thru 2018, until its early termination in September 2015.

At present, the American Society of Hypertension (ASH) believes that this preliminary announcement is not enough to justify changes in clinical practice. The society looks forward to the publication of the full results of the study, anticipated to occur sometime in November. It is only after their full scrutiny that any comments related to clinical practice can be issued. As we have in the past, once the study is appropriately reviewed, ASH is fully committed to the promotion and dissemination of its results and will discuss SPRINT at its next Annual meeting in NYC May 14-17, 2016.