

CRP plays a major role, or any role, in the mechanisms of cancer or atherosclerosis, it cannot be concluded that CRP can serve as a surrogate marker for a clinical endpoint in regulated clinical trials. Any clinician interested in using CRP as a biomarker needs to take into account the fact that statin drugs, such as atorvastatin, can have a marked influence on CRP levels (142,143,144,145,146).

- <sup>142</sup> Singh U, Devaraj S, Jialal I, Siegel D. Comparison effect of atorvastatin (10 versus 80 mg) on biomarkers of inflammation and oxidative stress in subjects with metabolic syndrome. *Am J Cardiol.* 2008;102:321–325.
- <sup>143</sup> Deanfield JE, Sellier P, Thaulow E, et al. Potent anti-ischaemic effects of statins in chronic stable angina: incremental benefit beyond lipid lowering? *Eur Heart J.* 2010;31:2650–2659.
- <sup>144</sup> Nissen SE, Tuzcu EM, Schoenhagen P, et al. Statin therapy, LDL cholesterol, C-reactive protein, and coronary artery disease. *New Engl J Med.* 2005;352:29–38.
- <sup>145</sup> Gensini GF, Gori AM, Dilaghi B, et al. Effect of atorvastatin on circulating hsCRP concentrations: a sub-study of the achieve cholesterol targets fast with atorvastatin stratified titration (ACTFAST) study. *Int J Cardiol.* 2010;142:257–264.
- <sup>146</sup> Ridker PM, Cannon CP, Morrow D, et al. C-reactive protein levels and outcomes after statin therapy. *New Engl J Med.* 2005;352:20–28.