What is claimed is:

1. Use of eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid in the manufacture of a medicament for reducing a risk of cardiovascular death and/or unstable angina in a subject on statin therapy, wherein 2 g of the medicament comprises eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid, wherein the medicament is to be administered to the subject per day for a period of at least about 2 years, wherein the subject has a fasting baseline triglyceride level of about 135 mg/dL to about 500 mg/dL.

2. Use of eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid in the manufacture of a medicament for reducing a risk of cardiovascular death and/or unstable angina in a subject on statin therapy with established cardiovascular disease, wherein 4 g of the medicament comprises eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid, wherein the medicament is to be administered to the subject per day for a period of at least about 2 years, wherein the subject has a fasting baseline triglyceride level of about 135 mg/dL to about 500 mg/dL.

3. Use of eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid in the manufacture of a medicament for reducing a risk of coronary revascularization in a subject on statin therapy, wherein 2 g of the medicament comprises eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid, wherein the medicament is to be administered to the subject per day for a period of at least about 2 years, wherein the subject has a fasting baseline triglyceride level of about 135 mg/dL to about 500 mg/dL.

4. Use of eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid in the manufacture of a medicament for reducing a risk of coronary revascularization in a subject on statin therapy with established cardiovascular disease, wherein 4 g of the medicament comprises eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid, wherein the medicament is to be administered to the subject per day for a period of at least about 2 years,

wherein the subject has a fasting baseline triglyceride level of about 135 mg/dL to about 500 mg/dL.

5. Use of eicosapentaenoic acid in the manufacture of a medicament for reducing risk of a cardiovascular event in a subject on statin therapy with residual atherogenic dyslipidemia and clinically evident cardiovascular disease,wherein the medicament comprises about 4 g of eicosapentaenoic acid in triglyceride form, wherein the medicament is to be administered to the subject per day for a period of at least about 2 years, wherein said administration reduces risk of cardiovascular death, risk of unstable angina and/or need for coronary revascularization.

6. Use of eicosapentaenoic acid in the manufacture of a medicament for reducing risk of a cardiovascular event in a subject on statin therapy with residual atherogenic dyslipidemia and clinically evident cardiovascular disease, wherein the medicament comprises about 4 g of eicosapentaenoic acid in triglyceride form, wherein the medicament is to be administered to the subject per day for a period of at least about 2 years, wherein said administration reduces risk of cardiovascular death, need for coronary revascularization, risk of unstable angina, risk of stroke and/or risk of myocardial infarction.

7. Use of eicosapentaenoic acid and docosapentaenoic acid in the manufacture of a medicament for reducing risk of a cardiovascular event in a subject on statin therapy with residual atherogenic dyslipidemia and clinically evident cardiovascular disease, wherein about 2 g to about 4 g of the medicament comprises eicosapentaenoic acid and docosapentaenoic acid, wherein the medicament is to be administered to the subject per day for a period of at least about 2 years, wherein said administration reduces risk of cardiovascular death, risk of unstable angina and/or need for coronary revascularization.

8. Use of eicosapentaenoic acid and docosapentaenoic acid in the manufacture of a medicament for reducing risk of a cardiovascular event in a subject on statin therapy with residual atherogenic dyslipidemia and clinically evident cardiovascular disease, wherein about 2 g to about 4 g of the medicament comprises eicosapentaenoic acid and docosapentaenoic acid, wherein the

medicament is to be administered to the subject per day for a period of at least about 2 years, wherein said administration reduces risk of cardiovascular death, need for coronary revascularization, risk of unstable angina, risk of stroke and/or risk of myocardial infarction.

9. The use of claim 2 or 4, wherein the established cardiovascular disease is determined by the presence of any one of: documented coronary artery disease, documented cerebrovascular disease, documented carotid disease, documented peripheral arterial disease, or combinations thereof.

10. The use of any one of claims 1-8, wherein the medicament is to be administered to the subject in 1 to 4 dosage units per day.

11. The use of claim 1 or 3, wherein the medicament comprises at least about 1100 mg of eicosapentaenoic acid and comprises docosapentaenoic acid in an amount up to about 10% by weight of total fatty acids in the medicament.

12. The use of claim 2 or 4, wherein the medicament comprises about 2200 mg of eicosapentaenoic acid and comprises docosapentaenoic acid in an amount up to about 10% by weight of total fatty acids in the medicament.

13. The use of claim 5 or 6, wherein the eicosapentaenoic acid in triglyceride form comprises at least about 96 wt.% of all omega-3 fatty acids in the medicament.

14. The use of claim 7 or 8, wherein the eicosapentaenoic acid comprises at least about 90 wt. % or at least about 96 wt. % of all omega-3 fatty acids in the medicament, wherein the docosapentaenoic acid comprises less than 10 wt. %, less than 8 wt. %, or less than 5 wt. % of all omega-3 fatty acids in the medicament , and/or wherein the medicament further comprises less than 5% docosahexaenoic acid, by weight, of all omega-3 fatty acids in the medicament.

15. The use of any one of claims 1-8, further comprising a step of measuring the subject's baseline lipid profile prior to administration of the medicament to the subject.

16. The use of any one of claims 1-8, wherein the subject has one or more of: a baseline non-HDL-C value of about 200 mg/dL to about 300 mg/dL; a baseline total cholesterol value of about 250 mg/dL to about 300 mg/dL; a baseline

VLDL-C value of about 140 mg/dL to about 200 mg/dL; a baseline HDL-C value of about 10 to about 30 mg/dL; and/or a baseline LDL-C value of about 40 to about 100 mg/dL.

17. The use of any one of claims 1-6, wherein the subject has: a baseline non-HDL-C value of about 200 mg/dL to about 300 mg/dL; a baseline total cholesterol value of about 250 mg/dL to about 300 mg/dL; a baseline VLDL-C value of about 140 mg/dL to about 200 mg/dL; a baseline HDL-C value of about 10 to about 30 mg/dL; and/or a baseline LDL-C value of about 40 to about 100 mg/dL.

18. The use of any one of claims 1, 3, 5, 6, and 7, wherein the statin therapy comprises a statin and optionally ezetimibe to be administered to the subject.

19. The use of any one of claims 1, 3, 5, 6, 7, and 8, wherein the subject: (a) has not been administered 200 mg or more per day of niacin and/or fibrates for at least 28 days before administration of the medicament; (b) has not been administered omega-3 fatty acid prescription for a period of time beginning 28 days prior to administration of the medicament; or (c) has not ingested dietary supplements comprising omega-3 fatty acids for a period of time beginning 28 days prior to administration of the medicament.

20. The use of claim 19, wherein the period of time ends no earlier than about 6 months after a first administration of the medicament, or wherein the period of time ends about 6 months, about 1 year, about 2 years, about 3 years, about 4 years, about 5 years, or more than about 5 years after the first administration of the medicament.

21. The use of any one of claims 1, 5, 6, 7, and 8, wherein the subject is to be administered about 4 g of the medicament per day for at least about 3 years.

22. The use of claim 1, wherein the subject is to be administered about 4 g of the medicament per day for at least about 4 years, or at least about 5 years.

23. The use of claim 3, wherein the subject is to be administered about 2 g of the medicament per day for at least about 3 years, about 4 years, or about 5 years.

24. The use of claim 8, wherein the subject is to be administered about 3 g or about 4 g of the medicament per day for at least about 3 years.

25. The use of any one of claims 1, 2, and 5, wherein the administration further reduces the risk of myocardial infarction, the risk of stroke, or both, in the subject.

26. The use of claim 25, wherein the administration further reduces the risk of unstable angina in the subject.

27. The use of claim 1 or 2, wherein the administration further reduces the risk of coronary revascularization in the subject.

28. The use of claim 3 or 27, wherein the coronary revascularization is selected from elective coronary revascularization and emergent coronary revascularization.

29. The use of claim 3 or 4, wherein the administration further reduces the risk of myocardial infarction, stroke, unstable angina, cardiovascular death, or any combinations thereof in the subject.

30. The use of any one of claims 5-8, wherein the medicament is formulated to delay onset of a first said cardiovascular event of said subject compared with control subjects, wherein each said control subject is on stable statin therapy, has a fasting baseline triglyceride level of about 135 mg/dL to about 500 mg/dL, and has established cardiovascular disease.

31. The use of claim 30, wherein the medicament is formulated to delay onset of a second said cardiovascular event of said subject compared with control subjects.

32. The use of claim 30, wherein the subject has diabetes mellitus and the control subjects each have diabetes mellitus.

33. The use of claim 30, wherein the subject has metabolic syndrome and the control subjects each have metabolic syndrome.